



APPLICATION ACCEPTED: May 16, 2014  
BOARD OF ZONING APPEALS: October 1, 2014  
@ 9:00 A.M.

# County of Fairfax, Virginia

---

September 24, 2014

## STAFF REPORT

**SPECIAL PERMIT SP 2014-MA-070**

### MASON DISTRICT

**APPLICANT:** Karina I. Suaznabar/Melody Day Care, Inc.  
**ZONING:** R-3  
**SUBDIVISION:** Lincolnia Heights  
**ADDRESS:** 6346 Hillcrest Place, Alexandria, VA, 22312  
**TAX MAP REFERENCE:** 72-1 ((7)) 65  
**ZONING ORDINANCE PROVISION:** 8-305  
**LOT SIZE:** 10,500 square feet  
**SPECIAL PERMIT PROPOSAL:** To permit a home child care facility.

### STAFF RECOMMENDATION:

Staff recommends approval of Special Permit SP 2014-MA-070 for a home child care facility subject to the proposed development conditions contained in Appendix 1.

It should be noted that it is not the intent of staff to recommend that the Board of Zoning Appeals, in adopting any conditions, relieve the applicant/owner from compliance with the provisions of any applicable ordinances, regulations, or adopted standards.

It should be further noted that the content of this report reflects the analysis and recommendations of staff; it does not reflect the position of the Board of Zoning Appeals (BZA). A copy of the BZA's Resolution setting forth this decision will be mailed within five days after the decision becomes final.

The approval of this special permit does not interfere with, abrogate or annul any easement, covenants, or other agreements between parties, as they may apply to the property subject to this application.

For additional information, call Zoning Evaluation Division, Department of Planning and Zoning at 324-1280, 12055 Government Center Parkway, Suite 801, Fairfax, Virginia 22035. **Board of Zoning Appeals' meetings are held in the Board Room, Ground Level, Government Center Building, 12000 Government Center Parkway, Fairfax, Virginia 22035-5505.**

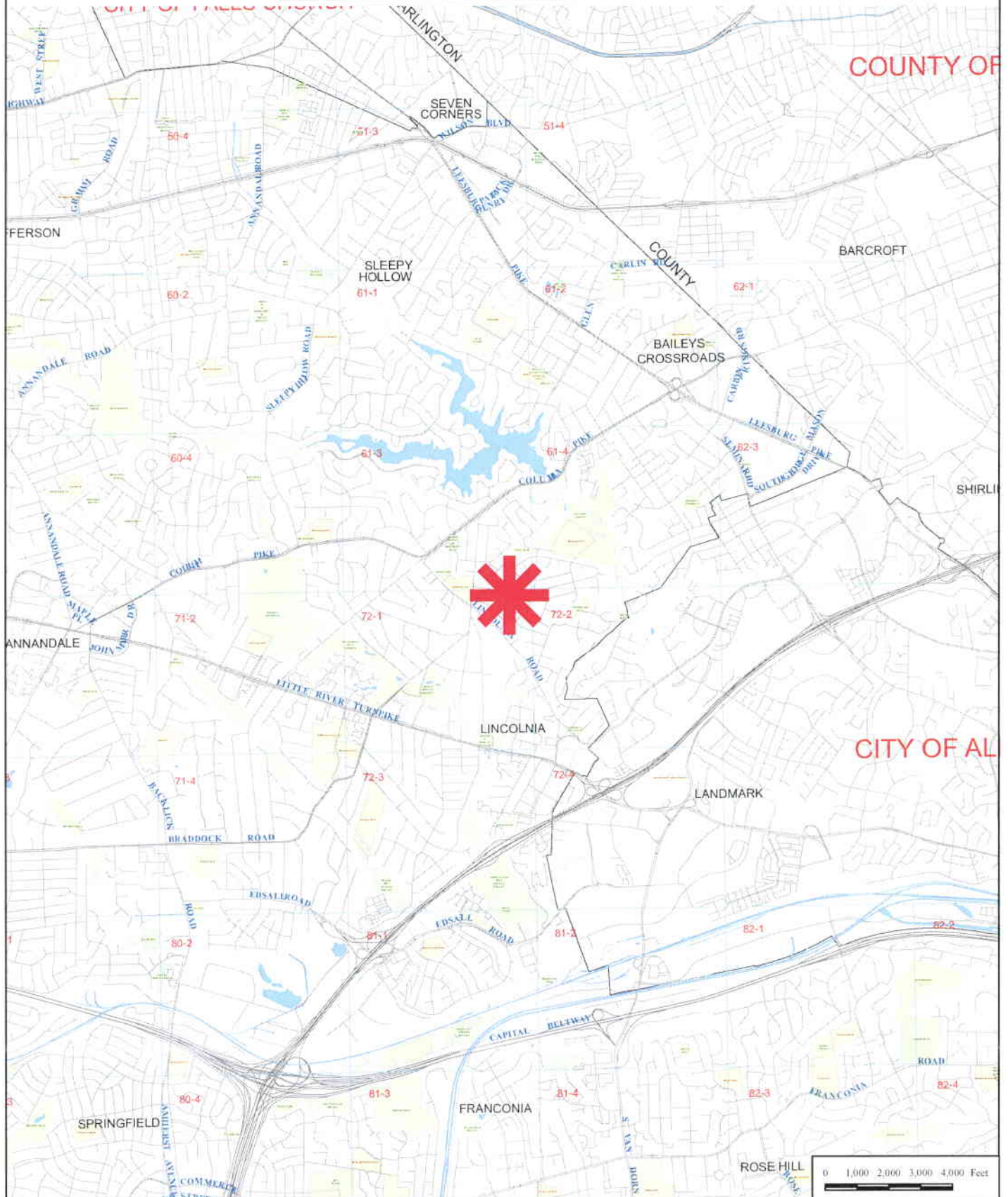


Americans with Disabilities Act (ADA): Reasonable accommodation is available upon 48 hours advance notice. For additional information on ADA call (703) 324-1334 or TTY 711 (Virginia Relay Center).

# Special Permit

SP 2014-MA-070

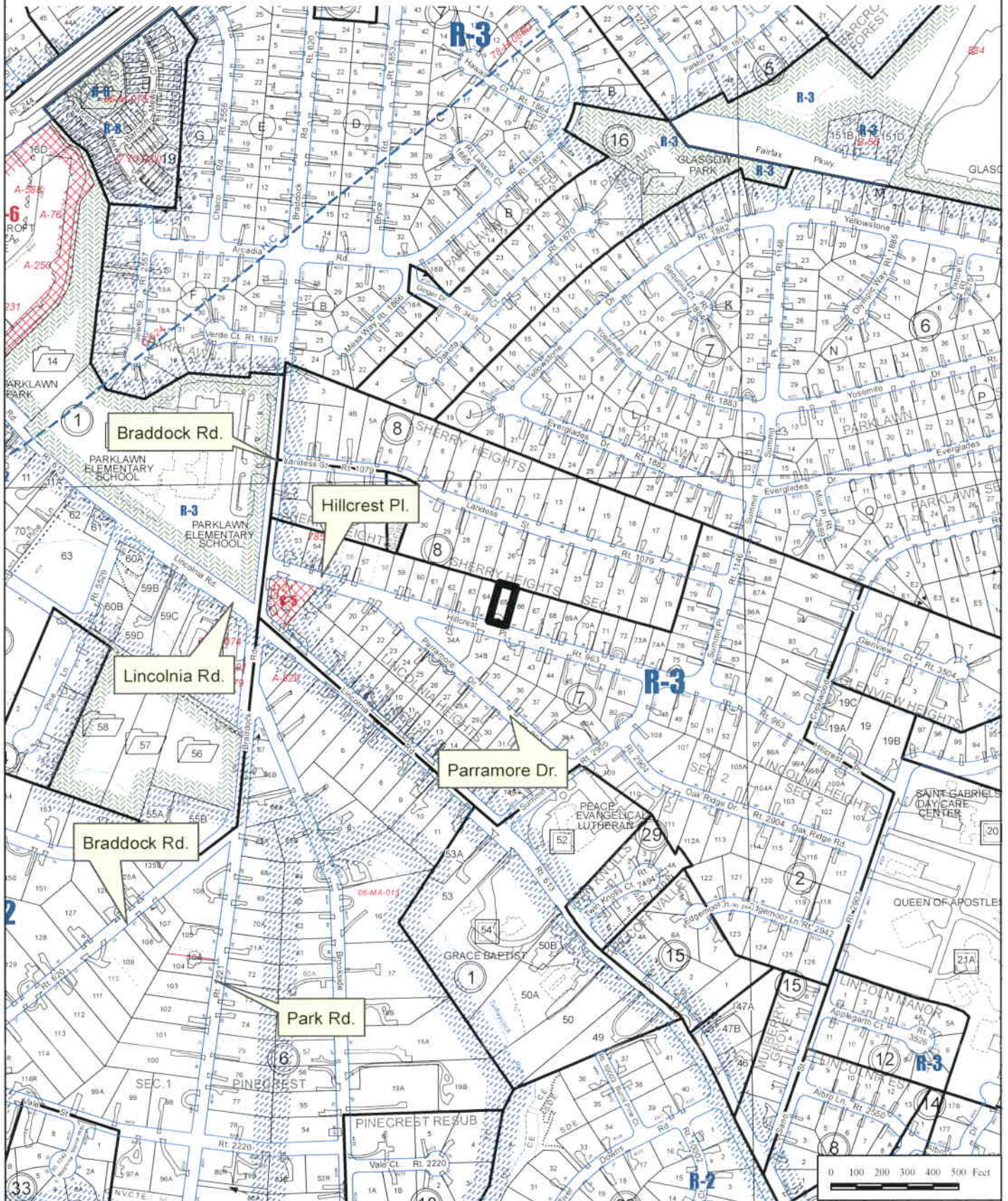
KARINA I. SUAZNABAR MELODY DAYCARE



# Special Permit

SP 2014-MA-070

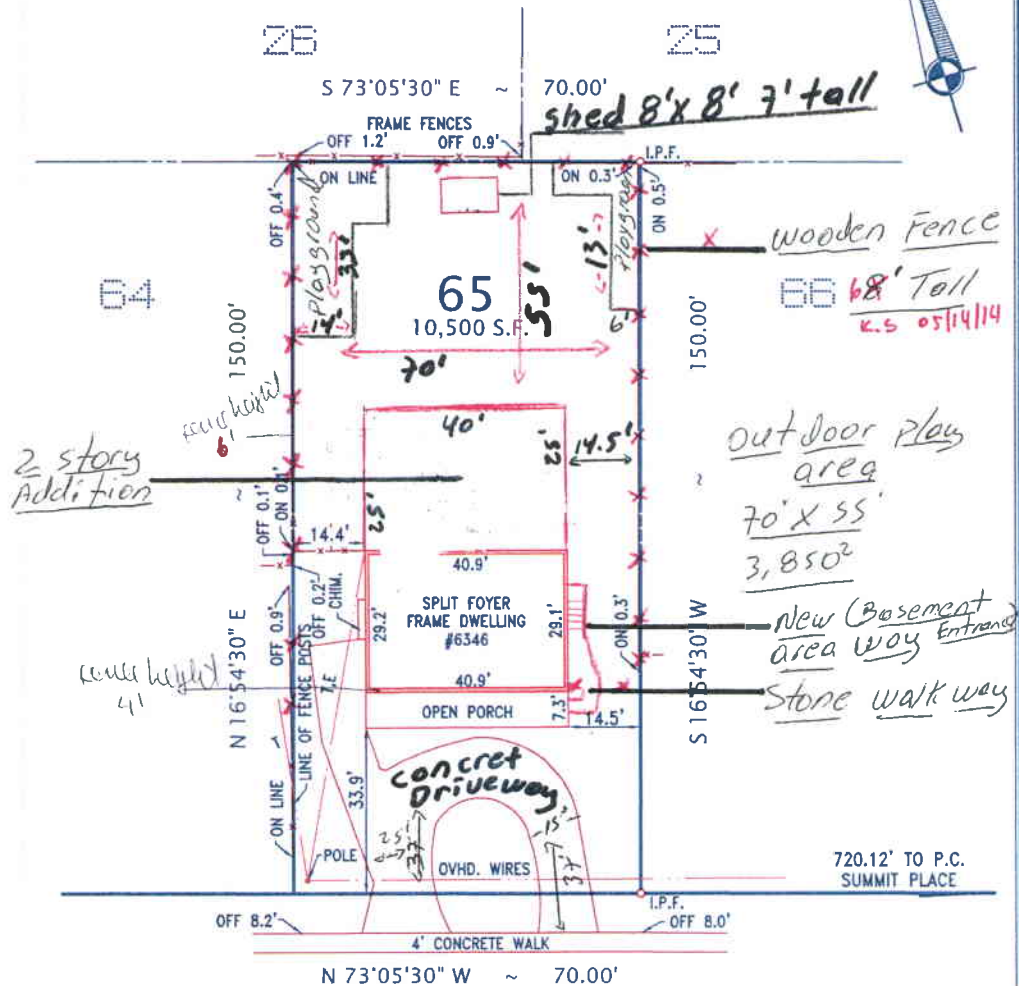
KARINA I. SUAZNABAR MELODY DAYCARE



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# SHERRY HEIGHTS SECTION ONE



## HILLCREST PLACE

60' R/W

PLAT

SHOWING HOUSE LOCATION ON

LOT 65

## LINCOLNIA HEIGHTS

FAIRFAX COUNTY, VIRGINIA

SCALE: 1" = 30'

JULY 1, 2008

RECEIVED  
Department of Planning & Zoning

FEB 19 2014

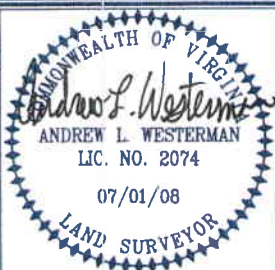
Zoning Evaluation Division

CASE NAME:

WELLS FARGO BANK ~ SUAZNABAR

GRAPHIC SCALE

0 30 60



BY PROVISIONS OF THE VIRGINIA CODE: NO CORNER MARKERS SET, BOUNDARY SURVEY NOT PERFORMED.  
PLAT SUBJECT TO RESTRICTIONS OF RECORD, TITLE REPORT NOT FURNISHED.

I HEREBY CERTIFY THAT THE POSITIONS OF  
ALL THE EXISTING IMPROVEMENTS HAVE BEEN  
CAREFULLY ESTABLISHED BY A CURRENT FIELD  
SURVEY, AND UNLESS OTHERWISE SHOWN,  
THERE ARE NO VISIBLE ENCROACHMENTS.

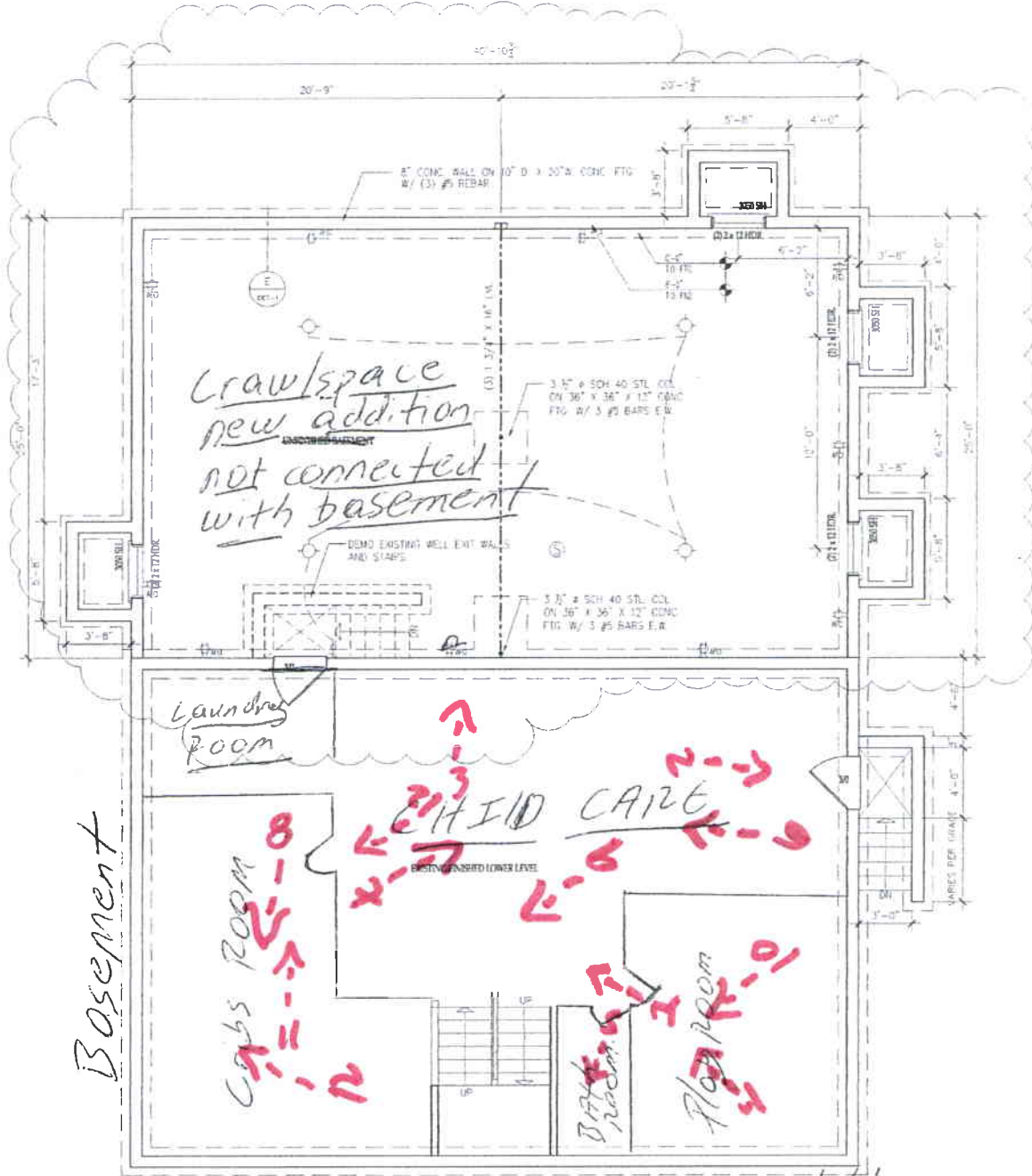
REQUESTED BY:

REALTY OF TYSONS, INC.

ALEXANDRIA SURVEYS  
INTERNATIONAL, LLC

6210 NORTH KINGS HIGHWAY ALEXANDRIA, VIRGINIA 22303  
TEL. NO. 703-660-6615 FAX NO. 703-768-7764

# Interior Photos Home child care



FOUNDATION PLAN  
SCALE: 1/4" = 1'-0"

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1- child care area.

02/11/2014

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2- child care entrance.

02/11/2014

RECEIVED  
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Zoning Evaluation Division



3. - child care area.

02/11/2014

RECEIVED  
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FEB 19 2014  
Zoning Evaluation Division



4.- child care area.

02/14/2014

RECEIVED  
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Zoning Evaluation Division



05- Bathroom for childrens and parents.

02/11/2014

RECEIVED  
Department of Planning & Zoning  
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Zoning Evaluation Division



5:- Bathroom for children and parents.

02/14/2014

RECEIVED  
Department of Planning & Zoning  
FEB 19 2014  
Zoning Evaluation Division



6- child core area.-

02/11/2014

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Zoning Evaluation Division



7.- child care area

02/11/2014

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B. - Cribs Room.

02/11/2014

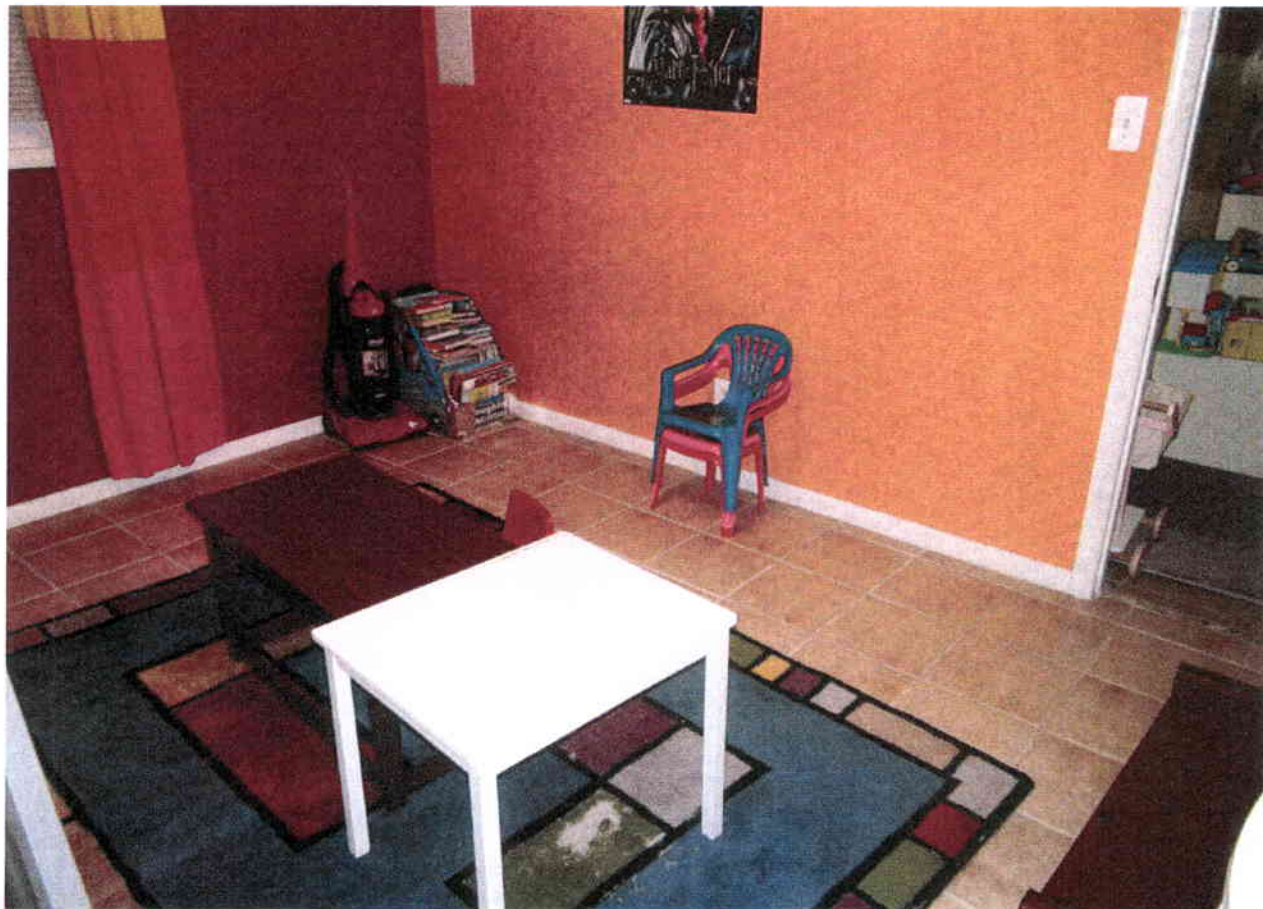
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9.- child care area

02/14/2014

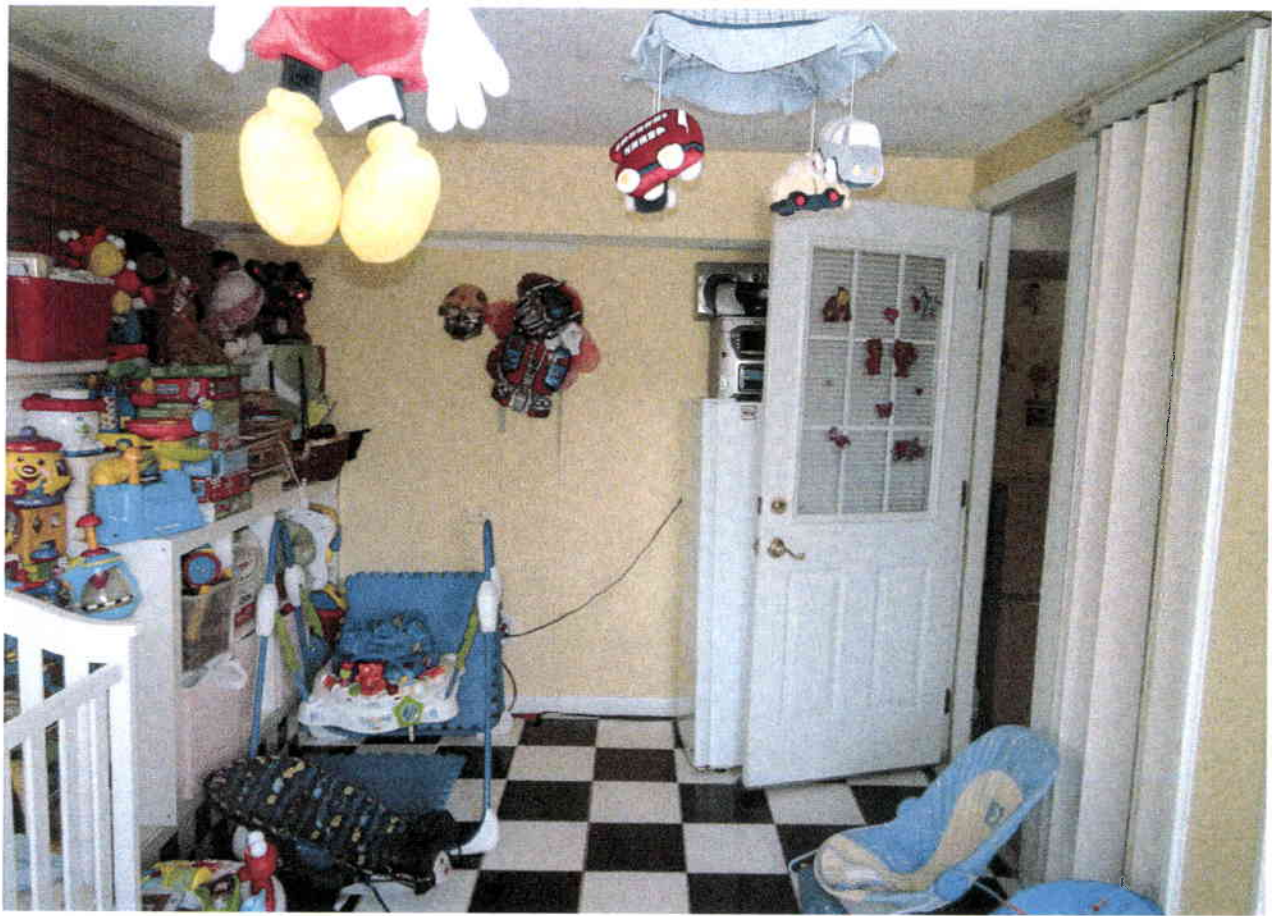
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10. - play room.

02/14/2014

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11.- cribs room.

02/14/2014

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11- Entrance to crib room.

02/14/2014

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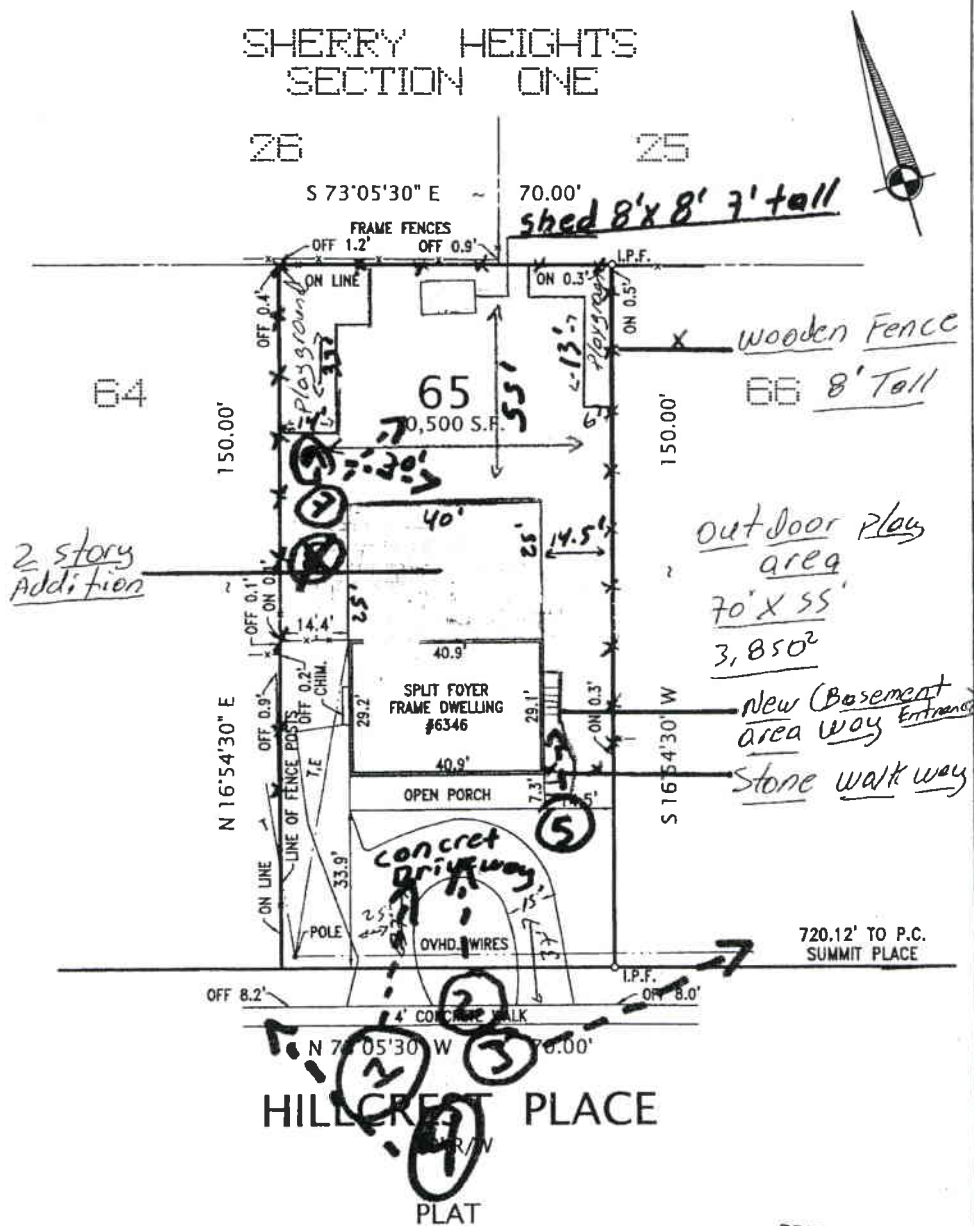


12 - cribs room.

02/14/2014

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NOTES: FENCES ARE CHAIN LINK UNLESS NOTED.



SHOWING HOUSE LOCATION ON  
LOT 65

**LINCOLNIA HEIGHTS**  
FAIRFAX COUNTY, VIRGINIA  
SCALE: 1" = 30'      JULY 1, 2008

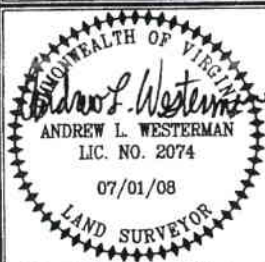
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FEB 19 2014  
Zoning Evaluation Division

CASE NAME:

WELLS FARGO BANK ~ SUAZNABAR

GRAPHIC SCALE

Age Group	Total (%)	Male (%)	Female (%)	Unknown (%)
0-14	15	15	15	15
15-24	25	25	25	25
25-34	35	35	35	35
35-44	45	45	45	45
45-54	55	55	55	55
55-64	60	60	60	60
65+	60	60	60	60



BY PROVISIONS OF THE VIRGINIA CODE: NO CORNER MARKERS SET, BOUNDARY SURVEY NOT PERFORMED.  
PLAT SUBJECT TO RESTRICTIONS OF RECORD. TITLE REPORT NOT FURNISHED.

I HEREBY CERTIFY THAT THE POSITIONS OF ALL THE EXISTING IMPROVEMENTS HAVE BEEN CAREFULLY ESTABLISHED BY A CURRENT FIELD SURVEY, AND UNLESS OTHERWISE SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS.

REQUESTED BY:

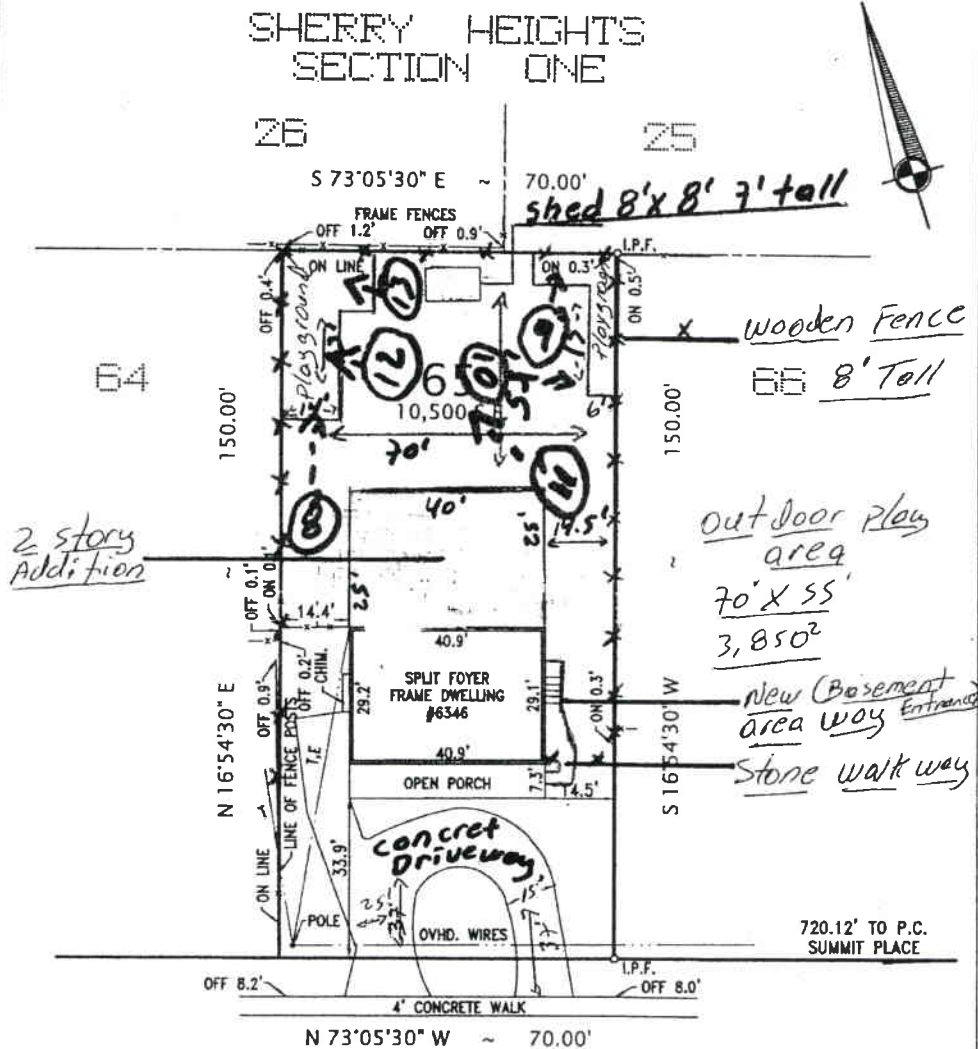
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TEL. NO. 703-660-6615 FAX NO. 703-768-7764

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HILLCREST PLACE

60' R/W

PLAT

SHOWING HOUSE LOCATION ON  
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LINCOLNIA HEIGHTS

FAIRFAX COUNTY, VIRGINIA

SCALE: 1" = 30'

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CASE NAME:

WELLS FARGO BANK ~ SUAZNABAR

GRAPHIC SCALE



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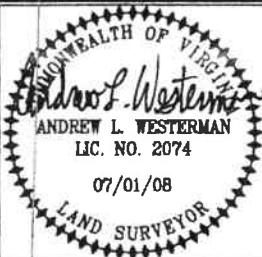
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6210 NORTH KINGS HIGHWAY ALEXANDRIA, VIRGINIA 22303  
TEL. NO. 703-660-6615 FAX NO. 703-768-7764





1. Across the street at Hillcrest Place.

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2. From concrete walk.

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3. Neighbor left side of the house

02/11/2014

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4. Neighbor right side of house  
02/11/2014

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S. Basement Entrance.

02/11/2014

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6. Property Photo from Back side.

02/11/2014

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7. Play Area.

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8. Play Area.

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9. Play Ground Equipment

02/11/2014

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10. Play Ground

02/11/2014

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11. Play Area.

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04/11/2014

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Zoning Evaluation Division



12 Play Ground Equipment.  
02/11/2014

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Department of Planning & Zoning  
FEB 19 2014  
Zoning Evaluation Division



13. Play Ground Equipment.  
02/11/2014

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## SPECIAL PERMIT REQUEST

The applicant, Karina I. Suaznabar/Melody Day Care, Inc., requests a special permit approval to operate a home child care facility for up to 12 children at any one time in a single family detached dwelling. The Zoning Ordinance permits home child care providers to care for up to seven children at any one time by-right in a single family detached dwelling. Since up to 12 children are proposed, special permit approval is required. Figure 1 depicts the subject property.

A copy of the special permit plat entitled "Plat Showing House Location on Lot 65 Lincolnia Heights," prepared by Andrew L. Westerman of Alexandria Surveys, dated July 1, 2008 and revised on April 29, 2014 by Karina I. Suaznabar, the applicant, is provided at the front of this report.



Figure 1: Subject property

## CHARACTER OF THE SITE AND SURROUNDING AREA

The subject property is developed with a one-story single family detached dwelling with a two-story addition in the rear. The child care entrance to the walk-out basement is located on the eastern side of the dwelling. An open porch and semi-circular concrete driveway are located in the front portion of the home. An outdoor play area and play equipment are located in the rear of the property. The subject property is not part of a homeowners association.

The property is located north of Lincolnia Road, south of Landess Street, east of Parklawn Elementary School, and west of Queen of Apostles Church. The surrounding uses are residential and developed with single family detached homes.

## **BACKGROUND AND HISTORY**

On March 31, 1964 and on April 1, 1964, a certificate of occupancy and a building permit were issued for a single family dwelling on the subject property, respectively. On June 21, 1973, a building permit was issued for a 512 square foot swimming pool (16 feet x 32 feet) in the rear yard on the subject property; however, a pool no longer exists on the property. On July 23, 1998, a building permit was approved to permit an open front porch 12 feet in height. On October 27, 2004, a building permit was approved to permit a two-story addition at the rear of the dwelling, a front foyer addition, and replacement of the existing kitchen with a new kitchen. On February 19, 2014, the applicant's special permit application was received by the Zoning Evaluation Division for a home child care facility at the subject property and on May 16, 2014, the application was accepted. On September 16, 2014, the applicant obtained electrical, plumbing, and interior alteration permits for the second kitchen and bathroom in the basement. A copy of the above referenced permits is provided as Appendix 4.

On April 9, 2014, a Notice of Violation (NOV) was issued by the Department of Code Compliance for a home child care facility with 11 children at the subject property. However enforcement of the NOV is on hold pending approval of this special permit application, which would remedy the violation.

## **COMPREHENSIVE PLAN PROVISION**

Plan Area: Baileys Planning District, Area I  
Planning Sector: Glasgow Community Planning Sector (B4)  
Plan Map: Residential, 2-3 dwelling units per acre

## **DESCRIPTION OF THE APPLICATION**

The applicant requests approval of a special permit for a home child care facility for up to 12 children at any one time. The applicant has a state license that permits care of children from 2 months to 12 years 11 months in age and the license is valid through April 8, 2015. Currently, the applicant cares for nine children less than three years in age. A record of the state license is provided as Appendix 5.

The home child care is located in the basement of the subject single family detached dwelling and comprises the entire use of the basement with exception to the laundry room. The home child care contains approximately 1,131 square feet and consists of a child care area for meals and activities with a kitchen area that contains a stove, sink, toaster oven, and microwave; a room with cribs for sleeping; a playroom; and a bathroom. There is direct egress/ingress access from the child care area to the fenced-in outdoor play area located in the rear of the property. This area contains approximately 3,850 square feet and consists of the following: one swing set and slide,

two slide sets for children ages two years and older, one slide for children one year in age, two playhouses, two activities tables, one basketball set, one climb on truck set, five ride-on toys, and one sandbox. Parking is provided in the existing semi-circular driveway where six vehicles can be parked. In addition, on-street parking is available.

The hours of operation are from 7:00 a.m. to 6:00 p.m., Monday through Friday with staggered arrival and departure times. Arrival times are between 7:00 a.m. to 10:00 a.m. and departure times are between 2:30 p.m. to 6:00 p.m. The applicant has two full-time assistants, which are proposed to remain, whose hours are from 7:00 a.m. to 6:00 p.m., Monday through Friday.

## **ZONING ORDINANCE PROVISIONS**

The following provisions from the Zoning Ordinance are applicable:

- Sect. 8-006, General Special Permit Standards
- Sect. 8-303, All Group 3 Uses
- Sect. 8-305, Additional Standards for Home Child Care Facilities
- Par. 6 of Sect. 10-103, Limitations of Home Child Care Facilities

This special permit is subject to the referenced sections of the Zoning Ordinance and a copy of the provisions are provided as Appendix 7.

## **ANALYSIS**

### **Parking and Transportation**

Hillcrest Place is a public street that is accessible from Braddock Road to the west and Summit Place to the east. As indicated in the applicant's statement of justification and as previously stated, the arrival and departure times for the children are staggered with arrival times between 7:00 a.m. to 10:00 a.m. and departure times between 2:30 p.m. to 6:00 p.m.

Parking for drop-off and pick-up related to the home child care use is available in the semi-circular driveway in front of the home. The applicant states that the driveway provides parking for up to six vehicles. According to County air photography, the driveway was in existence in 1997 and preceded the adoption of a Zoning Ordinance Amendment in 2002, which restricted front yard coverage to no more than 30% in the front yard of a single family detached dwelling in the R-3 District, which the subject property is zoned. Therefore, the driveway was established before the change to the Zoning Ordinance. Figure 2 shows the driveway from a County air photograph from 1997. In addition to the semi-circular driveway, on-street parking is available. In staff's opinion, the home child care use will not be hazardous or conflict with the existing

neighborhood traffic and there is adequate parking to accommodate the temporary parking associated with the proposed home child care facility.



Figure 2: Semi-circular driveway in existence since 1997.

### Home Child Care Facility Site Inspection

A site inspection of the home child care facility was conducted on August 15, 2014, by staff and an inspector from the Zoning Inspection Branch. During this inspection, it was observed that a room in the basement (the crib room) is being used for sleeping. Rooms used for sleeping must provide two means of exit with one that leads directly to the outside. The window in the crib room where children sleep was measured to be 47 inches from the window sill to the floor and exceeds the maximum height of 44 inches. The applicant also was advised to provide clear access to the window by relocating the crib in front of the window. To address these issues, staff has proposed a development condition requiring conformance with the Virginia Uniform Statewide Building Code. A copy the home child care site inspection report is provided as Appendix 6.

### CONCLUSION AND RECOMMENDATION

In staff's opinion, the proposed home child care facility for up to 12 children at any one time at the subject property is in harmony with the Comprehensive Plan and applicable Zoning Ordinance provisions with the adoption of the proposed development conditions contained in Appendix 1.

Staff recommends approval of SP 2014-MA-070, subject to the proposed development conditions contained in Appendix 1.

It should be noted that it is not the intent of staff to recommend that the Board of Zoning Appeals, in adopting any conditions, relieve the applicant/owner from compliance with the provisions of any applicable ordinances, regulations, or adopted standards. The approval of this application does not interfere with, abrogate or annul any easements, covenants, or other agreements between parties, as they may apply to the property subject to this application.

It should be further noted that the content of this report reflects the analysis and recommendations of staff; it does not reflect the position of the Board of Zoning Appeals.

## **APPENDICES**

1. Proposed Development Conditions
2. Affidavit
3. Statement of Justification
4. Building Permits
5. Record of Home Child Care License
6. Zoning Inspection Report
7. Zoning Ordinance Provisions

**PROPOSED DEVELOPMENT CONDITIONS****Special Permit SP 2014-MA-070****September 24, 2014**

If it is the intent of the Board of Zoning Appeals to approve Special Permit SP 2014-MA-070 located at Tax Map 72-1 ((7)) 65 to permit a home child care facility pursuant to Sect. 8-305 of the Fairfax County Zoning Ordinance, staff recommends that the Board of Zoning Appeals condition the approval by requiring conformance with the following development conditions:

1. This approval only is granted to the applicant, Karina I. Suaznabar, and is not transferable without further action by the Board of Zoning Appeals, and is for the location indicated on the application, 6346 Hillcrest Place, and is not transferrable to other land.
2. This special permit is granted only for the home child care use indicated on the plat entitled "Plat Showing House Location on Lot 65 Lincolnia Heights," as prepared by Andrew L. Westerman, and revised by Karina I. Suaznabar on April 29, 2014, and approved with this application, as qualified by these development conditions.
3. A copy of this Special Permit **SHALL BE POSTED IN A CONSPICUOUS PLACE ON THE PROPERTY** of the use and be made available to all departments of the County of Fairfax during the hours of operation of the permitted use.
4. The maximum hours of operation of the home child care facility shall be limited to 7:00 a.m. to 6:00 p.m., Monday through Friday.
5. The dwelling that contains the child care facility shall be the primary residence of the applicant.
6. The maximum number of children on-site at any one time shall be 12, excluding the applicant's own children.
7. The maximum number of assistants for the home child care facility shall be two.
8. All drop-off and pick-up of children related to the home child care facility shall take place in the driveway of the property.
9. There shall be no signage associated with the home child care facility.
10. All outdoor play equipment shall conform to all applicable state regulations and standards.

11. Room(s) used for sleeping shall provide two means of exit, one which leads directly to the outside, and shall be in conformance with the Virginia Uniform Statewide Building Code.

This approval, contingent upon the above-noted conditions, shall not relieve the applicant from compliance with the provisions of any applicable ordinance, regulations, or adopted standards.

Pursuant to Sect. 8-015 of the Zoning Ordinance, this special permit shall automatically expire, without notice, six months after the date of approval unless the use has been established as outlined above. The Board of Zoning Appeals may grant additional time to establish the use if a written request for additional time is filed with the Zoning Administrator prior to the date of expiration of the special permit. The request must specify the amount of additional time requested, the basis for the amount of time requested, and an explanation of why additional time is required.

Application No.(s): \_\_\_\_\_  
 (county-assigned application number(s), to be entered by County Staff)

**SPECIAL PERMIT/VARIANCE AFFIDAVIT**

DATE: April 27, 2014  
 (enter date affidavit is notarized)

124457

I, KARINA I. SUAZNABAR, do hereby state that I am an  
 (enter name of applicant or authorized agent)

(check one) ☒ applicant  
☐ applicant's authorized agent listed in Par. 1(a) below

and that, to the best of my knowledge and belief, the following is true:

- 1(a). The following constitutes a listing of the names and addresses of all **APPLICANTS, TITLE OWNERS, CONTRACT PURCHASERS, and LESSEES** of the land described in the application,\* and, if any of the foregoing is a **TRUSTEE,\*\*** each **BENEFICIARY** of such trust, and all **ATTORNEYS** and **REAL ESTATE BROKERS**, and all **AGENTS** who have acted on behalf of any of the foregoing with respect to the application:

(NOTE: All relationships to the application listed above in **BOLD** print must be disclosed. Multiple relationships may be listed together, e.g., **Attorney/Agent, Contract Purchaser/Lessee, Applicant/Title Owner**, etc. For a multiparcel application, list the Tax Map Number(s) of the parcel(s) for each owner(s) in the Relationship column.)

NAME (enter first name, middle initial, and last name)	ADDRESS (enter number, street, city, state, and zip code)	RELATIONSHIP(S) (enter applicable relationships listed in <b>BOLD</b> above)
KARINA I. SUAZNABAR 2/b/a MELODY DAYKARE, INC.	6346 HILLCREST PL. Alexandria, VA 22312	Applicant
MARIA SUAZNABAR	525 N. Armistead ST #303 Alexandria, VA 22312	Title Owner

(check if applicable) ☐ There are more relationships to be listed and Par. 1(a) is continued on a "Special Permit/Variance Attachment to Par. 1(a)" form.

\* In the case of a condominium, the title owner, contract purchaser, or lessee of 10% or more of the units in the condominium.

\*\* List as follows: Name of trustee, Trustee for (name of trust, if applicable), for the benefit of: (state name of each beneficiary).

CAB  
124457

Application No.(s):

(county-assigned application number(s), to be entered by County Staff)

Page Two

**SPECIAL PERMIT/VARIANCE AFFIDAVIT**

DATE: April 27, 2014  
(enter date affidavit is notarized)

124457

1(b). The following constitutes a listing\*\*\* of the **SHAREHOLDERS** of all corporations disclosed in this affidavit who own 10% or more of any class of stock issued by said corporation, and where such corporation has 10 or less shareholders, a listing of all of the shareholders:

(NOTE: Include **SOLE PROPRIETORSHIPS, LIMITED LIABILITY COMPANIES, and REAL ESTATE INVESTMENT TRUSTS** herein.)

**CORPORATION INFORMATION**

**NAME & ADDRESS OF CORPORATION:** (enter complete name, number, street, city, state, and zip code)

MELODY DAY CARE, INC  
6346 Hillcrest Place  
Alexandria, VA 22312

**DESCRIPTION OF CORPORATION:** (check one statement)

- ☒ There are 10 or less shareholders, and all of the shareholders are listed below.  
☐ There are more than 10 shareholders, and all of the shareholders owning 10% or more of any class of stock issued by said corporation are listed below.  
☐ There are more than 10 shareholders, but no shareholder owns 10% or more of any class of stock issued by said corporation, and no shareholders are listed below.

**NAMES OF SHAREHOLDERS:** (enter first name, middle initial, and last name)

KARINA I. SUARNABAR

(check if applicable) ☐ There is more corporation information and Par. 1(b) is continued on a "Special Permit/Variance Attachment 1(b)" form.

\*\*\* All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken down successively until (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders has no shareholder owning 10% or more of any class of stock. *In the case of an APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\* of the land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdown of all of its partners, of its shareholders as required above, and of beneficiaries of any trusts. Such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER or LESSEE\* of the land. Limited liability companies and real estate investment trusts and their equivalents are treated as corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed.* Use footnote numbers to designate partnerships or corporations, which have further listings on an attachment page, and reference the same footnote numbers on the attachment page.

Application No.(s): \_\_\_\_\_  
(county-assigned application number(s), to be entered by County Staff)

Page Three

**SPECIAL PERMIT/VARIANCE AFFIDAVIT**

DATE: April 27, 2014  
(enter date affidavit is notarized)

124457

1(c). The following constitutes a listing\*\*\* of all of the **PARTNERS**, both **GENERAL** and **LIMITED**, in any partnership disclosed in this affidavit:

**PARTNERSHIP INFORMATION**

**PARTNERSHIP NAME & ADDRESS:** (enter complete name, number, street, city, state, and zip code)

(check if applicable) ☐ The above-listed partnership has no limited partners.

**NAMES AND TITLE OF THE PARTNERS** (enter first name; middle initial, last name, and title, e.g. **General Partner**, **Limited Partner**, or **General and Limited Partner**)

N/A

(check if applicable) ☐ There is more partnership information and Par. 1(c) is continued on a "Special Permit/Variance Attachment to Par. 1(c)" form.

\*\*\* All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken down successively until: (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders has no shareholder owning 10% or more of any class of stock. *In the case of an **APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\*** of the land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdown of all of its partners, of its shareholders as required above, and of beneficiaries of any trusts. Such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of the **APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\*** of the land. Limited liability companies and real estate investment trusts and their equivalents are treated as corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed.* Use footnote numbers to designate partnerships or corporations, which have further listings on an attachment page, and reference the same footnote numbers on the attachment page.

124457

Application No.(s): \_\_\_\_\_  
(county-assigned application number(s), to be entered by County Staff)

Page Four

**SPECIAL PERMIT/VARIANCE AFFIDAVIT**

DATE: April 27, 2014  
(enter date affidavit is notarized).

124457

1(d). One of the following boxes **must** be checked:

☐ In addition to the names listed in Paragraphs 1(a), 1(b), and 1(c) above, the following is a listing of any and all other individuals who own in the aggregate (directly and as a shareholder, partner, and beneficiary of a trust) 10% or more of the **APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\*** of the land:

☒ Other than the names listed in Paragraphs 1(a), 1(b), and 1(c) above, no individual owns in the aggregate (directly and as a shareholder, partner, and beneficiary of a trust) 10% or more of the **APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\*** of the land.

2. That no member of the Fairfax County Board of Zoning Appeals, Planning Commission, or any member of his or her immediate household owns or has any financial interest in the subject land either individually, by ownership of stock in a corporation owning such land, or through an interest in a partnership owning such land.

**EXCEPT AS FOLLOWS:** (NOTE: If answer is none, enter "NONE" on the line below.)

NONE

(check if applicable) ☐ There are more interests to be listed and Par. 2 is continued on a "Special Permit/Variance Attachment to Par. 2" form.

Application No.(s):

(county-assigned application number(s), to be entered by County Staff)

Page Five

**SPECIAL PERMIT/VARIANCE AFFIDAVIT**

DATE: April 27, 2014  
(enter date affidavit is notarized)

124457

3. That within the twelve-month period prior to the public hearing of this application, no member of the Fairfax County Board of Zoning Appeals, Planning Commission, or any member of his or her immediate household, either directly or by way of partnership in which any of them is a partner, employee, agent, or attorney, or through a partner of any of them, or through a corporation in which any of them is an officer, director, employee, agent, or attorney or holds 10% or more of the outstanding bonds or shares of stock of a particular class, has, or has had any business or financial relationship, other than any ordinary depositor or customer relationship with or by a retail establishment, public utility, or bank, including any gift or donation having a value of more than \$100, singularly or in the aggregate, with any of those listed in Par. 1 above.

**EXCEPT AS FOLLOWS:** (NOTE: If answer is none, enter "NONE" on line below.)

NONE

(NOTE: Business or financial relationships of the type described in this paragraph that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings. See Par. 4 below.)

(check if applicable) [ ] There are more disclosures to be listed and Par. 3 is continued on a "Special Permit/Variance Attachment to Par. 3" form.

4. That the information contained in this affidavit is complete, that all partnerships, corporations, and trusts owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\* of the land have been listed and broken down, and that prior to each and every public hearing on this matter, I will reexamine this affidavit and provide any changed or supplemental information, including business or financial relationships of the type described in Paragraph 3 above, that arise on or after the date of this application.

WITNESS the following signature:

(check one)

KARINA I. SUAZNABAR

☒ Applicant

[ ] Applicant's Authorized Agent

KARINA I. SUAZNABAR

Applicant

(type or print first name, middle initial, last name, and title of signee)

Subscribed and sworn to before me this 28<sup>th</sup> day of April, 20 14, in the State/Comm. of Virginia, County/City of Fairfax.

Notary Public

My commission expires: 07-31-17



Application No.(s): \_\_\_\_\_  
(county-assigned application number(s), to be entered by County Staff)

Page \_\_\_\_\_ of \_\_\_\_\_

**Special Permit/Variance Attachment to Par. 1(a)**

DATE: April 27, 2014  
(enter date affidavit is notarized)

124457

**(NOTE:** All relationships to the application are to be disclosed. Multiple relationships may be listed together, e.g., **Attorney/Agent, Contract Purchaser/Lessee, Applicant/Title Owner**, etc. For a multiparcel application, list the Tax Map Number(s) of the parcel (s) for each owner(s) in the Relationship column.)

<b>NAME</b> (enter first name, middle initial, and last name)	<b>ADDRESS</b> (enter number, street, city, state, and zip code)	<b>RELATIONSHIP(S)</b> (enter applicable relationships listed in <b>BOLD</b> above)
--	---	--

(check if applicable)

☐ There are more relationships to be listed and Par. 1(a) is continued further on a "Special Permit/Variance Attachment to Par. 1(a)" form.

124457

Application No.(s): \_\_\_\_\_

(county-assigned application number(s), to be entered by County Staff)

Page \_\_\_\_\_ of \_\_\_\_\_

**Special Permit/Variance Attachment to Par. 1(b)**

DATE: April 27, 2011  
(enter date affidavit is notarized)

124457

**NAME & ADDRESS OF CORPORATION:** (enter complete name, number, street, city, state, and zip code)

Melody Day Care, Inc  
6346 Hillcrest Pl.  
Alexandria, VA 22312

**DESCRIPTION OF CORPORATION:** (check one statement)

- ☒ There are 10 or less shareholders, and all of the shareholders are listed below.  
☐ There are more than 10 shareholders, and all of the shareholders owning 10% or more of any class of stock issued by said corporation are listed below.  
☐ There are more than 10 shareholders, but no shareholder owns 10% or more of any class of stock issued by said corporation, and no shareholders are listed below.

**NAMES OF THE SHAREHOLDERS:** (enter first name, middle initial, and last name)

Karina I. Suaznabar

**NAME & ADDRESS OF CORPORATION:** (enter complete name, number, street, city, state, and zip code)

Melody Day Care, Inc  
6346 Hillcrest Pl.  
Alexandria, VA 22312

**DESCRIPTION OF CORPORATION:** (check one statement)

- ☒ There are 10 or less shareholders, and all of the shareholders are listed below.  
☐ There are more than 10 shareholders, and all of the shareholders owning 10% or more of any class of stock issued by said corporation are listed below.  
☐ There are more than 10 shareholders, but no shareholder owns 10% or more of any class of stock issued by said corporation, and no shareholders are listed below.

**NAMES OF THE SHAREHOLDERS:** (enter first name, middle initial, and last name)

Karina I. Suaznabar

(check if applicable) ☐ There is more corporation information and Par. 1(b) is continued further on a "Special Permit/Variance Attachment to Par. 1(b)" form.

124457

Application No.(s): \_\_\_\_\_  
(county-assigned application number(s), to be entered by County Staff)

Page \_\_\_\_\_ of \_\_\_\_\_

**Special Permit/Variance Attachment to Par. 1(c)**

DATE: April 27, 2014  
(enter date affidavit is notarized)

124457

**PARTNERSHIP NAME & ADDRESS:** (enter complete name, number, street, city, state, zip code)

N/A

(check if applicable) ☐ The above-listed partnership has no limited partners.

**NAMES AND TITLES OF THE PARTNERS:** (enter first name, middle initial, last name, and title, e.g.,  
General Partner, Limited Partner, or General and Limited Partner)

N/A

(check if applicable) ☐ There is more partnership information and Par. 1(c) is continued further on a  
"Special Permit/Variance Attachment to Par. 1(c)" form.

124457

Application No.(s): \_\_\_\_\_  
(county-assigned application number(s), to be entered by County Staff)

Page \_\_\_\_\_ of \_\_\_\_\_

**Special Permit/Variance Attachment to Par. 2**

DATE: April 27/2011  
(enter date affidavit is notarized)

124457

(check if applicable)

☐

There are more financial interests in the subject land to be listed and Par. 2 is continued further on a "Special Permit/Variance Attachment to Par. 2" form.

124457

STATEMENT OF JUSTIFICATION  
FOR A HOME CHILD CARE FACILITY

Karina I. Suaznabar  
6346 Hillcrest Pl.  
Alexandria, VA 22312  
(703)474-6467  
[ive142003@yahoo.com](mailto:ive142003@yahoo.com)

RECEIVED  
Department of Planning & Zoning  
**FEB 19 2014**  
Zoning Evaluation Division

February 8, 2014  
Fairfax County Department of planning & Zoning  
Zoning Evaluation Division  
12055 government Center Parkway, Suite 801  
Fairfax, VA 22035

Re: Special Permit Application  
Applicant: Karina I. Suaznabar  
Zoning Ordinance Section 8-305 Home child Care Facility and  
Section 8-004 of General Standards  
Tax Map #:0721-07-0065  
Zoning District: R-3  
Lot Size: 10,500 SQFT

To whom it may concern,

Please accept the following as my statement of justification for a special permit for a home child care facility in my residence. I live in a single-family detached dwelling at 6346 Hillcrest Pl. in Alexandria, Virginia 22312 with my husband and 3 children. The property is zoned R-3 and I understand I need to seek approval of a special permit in order to operate a child care facility within my home. I am currently licensed by the state of Virginia to have 12 children in my childcare facility in my home. Below is information about my childcare facilities operations:

Hours of Operation: The child care is open from 7:00 AM to 6:00PM, Monday through Friday.

Number of Children: I care for up to 12 children at any one time. This number does not include my own children.

Ages of Own Provider Children: 19, 15 and 8 years old.

Employees: I have two assistants who work in a full time basis from 7:00AM to 6:00PM, Monday through Friday.

Arrival Schedule: Three of the children arrive between 7:00 and 7:45 AM. Six of the children arrive between 7:45 and 9:00 AM. Three children arrive between 9:00 and 10:00 AM.

Departure Schedule: Two children are picked up between 2:30 PM and 3:30 PM. Five of children leave between 4:00 PM and 5:00 PM. Five of children leave between 5:00 PM to 6:00 PM.

Area Served: Currently some of the children live in the general vicinity of my neighborhoods. Others live in the Franconia, Arlington and Vienna neighborhoods. These parents drive their children to my house.

Operations: As I stated, my house is a single-family detached dwelling. It has a walkout basement, which is where the children spend most of their time. I use the whole basement area for meals, snacks, learning activities, napping and play activities. Attached is a floor plan that indicates the areas where the day care is located. The house has a total of 4,262.00 square feet. The basement area, kitchen, bathroom, nursery room, activity room, play area where I conduct the day care consist of approximately 1,131.00 square feet in total. ( See attachment 2 for floor layout and interior photos)

Hazardous or Toxic Substances: The entire house and yard are free from hazardous or toxic substances. No hazardous materials will be generated, utilized, stored, treated, and/or disposed of onsite.

Zoning Ordinance Compliance: The proposed development conforms to the provisions of all applicable ordinances, regulations and adopted standards or, if any waiver, exception or variance is sought, such request has been specifically noted with the justification for such modification.

Outdoor Play Area: I use my backyard for outdoor play for children. The area is approximately 3,850.00 square feet. There is one set of swing and slide, two slide sets for ages two and up, one slide set for ages 1 year old. It also has two playhouses, two activities tables, one basketball set, one climb on truck set, five ride on toys, one sand box and fence on my most recent house location plat which is included.

Parking: I use my driveway to park my family cars. My driveway provides enough parking for 6 cars because the driveway is a "U" shape driveway, has more than 75 feet long, and can hold two cars side by side on one of the left side of my driveway. In Addition, ample parking is available along the streets in front of my house for the parents and employees.

For all these reasons, I believe that my proposed home daycare facility will not impact my neighbors in any negative way.

In conclusion, I am proposing no changes to the outside appearance of my brick and vinyl

sided home. I propose no addition and no signs regarding the daycare. Adequate parking is available for my parents, employees and my family. For these reasons, I believe that my proposed home day care facility will not impact my neighbors in any negative way.

Sincerely,

Karina I. Suaznabar  
Owner of Karina's Home Child Care

STATEMENT OF JUSTIFICATION  
FOR A HOME CHILD CARE FACILITY

Name: KARINA I. SUAZNABAR  
Address: 6346 HILLCREST PL.  
Alexandria, VA 22312  
Phone #: 703-474-6467  
E-mail: ive142003@yahoo.com

RECEIVED  
Department of Planning & Zoning  
FEB 19 2014  
Zoning Evaluation Division

Date 02/14/14

Fairfax County Department of Planning & Zoning  
Zoning Evaluation Division  
12055 Government Center Parkway, Suite 801  
Fairfax, VA 22035

Re: Special Permit Application

Applicant: KARINA I. SUAZNABAR  
Zoning Ordinance Section 8-305 for Home Child Care Facility  
Section 8-004 of General Standards

Tax Map #: 0721 01 0065  
Zoning District: R-3  
Lot Size: 10,500 SQFT

To whom it may concern,

Please accept the following as my statement of justification for a special permit for a home child care facility in my home. I own and live in a attached (detached) (circle one) dwelling at 6346 HILLCREST PL., Alexandria, VA 22312 (your address).

The property is zoned R-3 and I understand I need to seek approval of a special permit in order to operate a child care facility within my home. I am currently licensed by the State of Virginia to have 12 children in my child care facility in my home. Below is information about my child care facility's operations:

Hours. The child care is open from 7:00am to 6:00 p.m

Number of Children. I care for up to 12 children at any one time. This number does not include my own 2 child/children.

Employees. I have 0 assistant(s) who work part-time and 2 assistant(s) who work full-time.

Arrival Schedule. 2 of the children arrive between 7:00 AM and 9:30 AM.

Departure Schedule. 3 of the children are picked up at 3:30 PM. <1 children between 4:00 to 5:00 ; and 5 children between 5:15 to 6:00 p.m.

Area Served. 2 children live in the general vicinity; 3 in Franconia ; 2 in Arlington; 2 in Vienna (what neighborhood/general area do the children live in?)  
1 Aunduddle

Operations. As I stated, my house is a single-family attached (detached) (circle one) dwelling. It has (explain the general layout of the house):

3 levels: 1st basement that has 4 rooms 1 bath; 1st level that has 4 rooms 2 bath / Kitchen 1 dining 1 living room; 2nd level has 3 bedrooms 2 bath

The house has 4,262.0 square feet. The following rooms are where I conduct the day care:

The entire basement is used for the daycare

These rooms are 1,131 square feet total.

Hazardous or Toxic Substances. The house and yard are free from hazardous or toxic substances. No hazardous materials will be generated, utilized, stored, treated, and/or disposed of onsite.

Zoning Ordinance Compliance. The proposed development conforms to the provisions of all applicable ordinances, regulations and adopted standards or, if any waiver, exception or variance is sought, such request has been specifically noted with the justification for such modification.

Outdoor Play Area. I use my back yard for outdoor play for the children. The area is approximately 3,850 square feet. The outdoor play area consists of: 1 swing set w/ slide; 2 slide sets for toddlers ages 2 and up; 1 slide set ages 2 under; 2 play houses; 2 activitie tables; 5 ride on toys; 1 basketball set ages 2 and up

Parking. I use my driveway to park my family car(s). My parents park in my driveway. My driveway has a "U" shape with enough space to park my 2 cars and 5 more cars at 1 time.

In addition; ample parking is available along the streets of my house.  
For these reasons, I believe that my proposed home day care facility will not impact my neighbors in any negative way.

In conclusion, I am proposing no changes to the outside appearance of my brick and vinyl sided home. I propose no addition and no signs regarding the daycare. Adequate parking is available for my parents, employees and my family. For these reasons, I believe that my proposed home day care facility will not impact my neighbors in any negative way.

Sincerely,

Karina I. Svaznabat  
Owner of Daycare

RECEIVED  
Department of Planning & Zoning  
FEB 19 2014  
Zoning Evaluation Division

## Arrival Schedule and Departure Schedule

### Arrival Schedule

Child	7:00 - 7:45 AM	7:45 - 8:00 AM	8:00 - 8:30 AM	9:00 - 9:15 AM
1	X			
2	X			
3	X			
4		X		
5		X		
6		X		
7			X	
8			X	
9			X	
10				X
11				X
12				X

### Departure Schedule

Child	2:45 - 4:15 PM	4:15 - 4:30 PM	4:30 - 5:00 PM	5:00 - 5:30 PM
1	X	X		
2	X	X		
3		X		
4			X	
5			X	
6			X	
7				X
8				X
9				X
10				X
11			X	
12				X

Owner Consent for  
Home Child Care Facility

RECEIVED  
Department of Planning & Zoning

FEB 19 2014

Zoning Evaluation Division

Name: \_\_\_\_\_

Address: 6346 HILLCREST PL.

Alexandria, VA 22312

Phone #: 703-343-0166

E-mail address: ive142003@yahoo.com

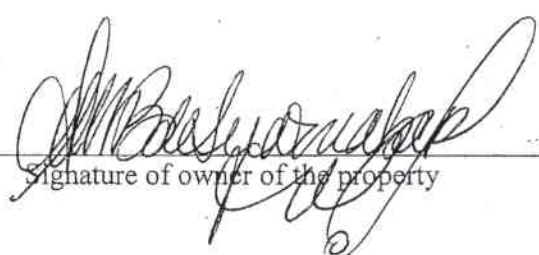
Tax Map #: 0721070065

Ownership of the above-referenced property is MARIA A. SUAZNABAR.

This property is the subject of a Special Permit Application submitted by KARINA I. SUAZNABAR, a renter of the property, to Fairfax County for approval of a home child care facility.

This is evidence that the owner, MARIA A. SUAZNABAR, is giving consent that KARINA I. SUAZNABAR may apply for the Special Permit Application for a home child care facility to operate on this property.

By: \_\_\_\_\_

  
Signature of owner of the property

MAP REFERENCE SHEET NO. 72-1 PROPERTY IDENTIFICATION NO. C-1137

FORM ZA

*Seaver*  
 COUNTY OF FAIRFAX, VIRGINIA  
 OFFICE OF THE ZONING ADMINISTRATOR

## APPLICATION FOR CERTIFICATE OF OCCUPANCY

FOR USE IN CONNECTION WITH A NEW BUILDING OR FOR CHANGE IN THE

EXTERIOR OUTLINE OF AN EXISTING BUILDING

(WRITE WITH INK)

Date 3-31-64

Name of Proposed Occupant or Trade Name

Applicant West Hampton Const. Co. Inc.Premises number 2024 N Kirkwood Rd. ArltonLot number 65 Block \_\_\_\_\_ Section 1

Subdivision or

Acreage Description Lanier HeightsTo be used as one family dwellingLast used as new

Non Conforming Use \_\_\_\_\_

Material of Building \_\_\_\_\_

No. of stories high \_\_\_\_\_

Which floor do you propose to use? \_\_\_\_\_

Owner of Building (or agent) \_\_\_\_\_

Address \_\_\_\_\_

TO BE FILLED IN BY CLERK

ZONE R-12.5

HEIGHT \_\_\_\_\_

FIRE ZONE \_\_\_\_\_

BUILDING PERMIT NO. P-20485DATE 3-31-64

INITIALS

Hillcrest Road

This Application Constitutes A Written Request For a Certificate of Occupancy Upon Compliance By the Applicant With Provisions of Section 30-20 (d) of the Code.

It is understood that the Certificate of Occupancy does not take the place of any license that may be required by law, and also that it does not confer the right to erect or maintain any kind of signs.

Zoning Section

No. D-13999Issued PCDate 5-10-65

Signature of Proposed Occupant

Applicant Harold M. MeachamAddress 505 Haywood RoadFairfax, VirginiaTelephone number TE 3-2137

# COUNTY OF FAIRFAX, VIRGINIA

OFFICE OF THE BUILDING INSPECTOR

## Application for Building Permit

MAP REFERENCE	FLAT NUMBER	BLK. NO.	SEC. NO.	PARCE. OR LOT
	72	1	7	65

CENSUS TRACT NO.	DATE	PERMIT NO.
	19	P20085

To: BUILD ☒ Alter or Repair ☐ Add to ☐ Demolish ☐ Move ☐

JOB LOCATION	C1139 DIRECTIONS		DESCRIPTION	
	Route: Hillcrest Drive Street: Hillcrest Drive Lot No: 65 Subdivision: LINCOLN HEIGHTS		For: Residential <input checked="" type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> No. of Bldgs. 1 Type: Dwelling No. of Units: Est. Const. Cost \$ 16,000.00 No. of Kitchens: 1 No. of Stories: 1 1/2 No. of Baths: 2 Ht. of Building: Ft. No. of Rooms: 7 Total Area: (Exclude Kit. & Bath) Basement <input checked="" type="checkbox"/> Slab <input type="checkbox"/> Crawl <input type="checkbox"/> FILL <input type="checkbox"/> SOIL <input checked="" type="checkbox"/> Footing Size: 8" x 16" Depth from Finish Grade: Ft. Material of Exterior Walls: BRICK & FRAME Basement: 1st Floor: Other: 2nd Floor: Other: Material of Interior Walls: HEAT: Gas <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Hot Air <input checked="" type="checkbox"/> Hot Water <input type="checkbox"/> Boiler <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Sprinkler <input type="checkbox"/> ROOF: Flat <input type="checkbox"/> Pitch <input checked="" type="checkbox"/> Shed <input type="checkbox"/> SEWAGE: Public <input type="checkbox"/> Community <input type="checkbox"/> Septic Tank <input type="checkbox"/> Pit Privy <input type="checkbox"/> None <input type="checkbox"/> WATER: Public <input type="checkbox"/> Individual Well <input type="checkbox"/> None <input type="checkbox"/> Remarks:	
OWNER	Name: WEST HAMPTON CONST. CO. INC. Address: 2024 N. KIRKWOOD RD. City: ARLINGTON, VA 22208 Tel. No.:			
ARCHITECT ENGINEER	Name: BOLDEN KEY HOMES INC. Address: City: State Reg. No.:			
CONTRACTOR	Name: WEST HAMPTON CONST. CO. INC. Address: 2024 N. KIRKWOOD RD. City: ARLINGTON VA State Reg. No.:			

I hereby certify that I have the authority to make this application, that the information given is correct, and that the use and construction shall conform to the County Health Regulations, the Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.

JE 3-7139 March 31, 1964 Signature of Owner or Auth. Agent

Use Group of Building L-3 Area of Bldg. 3360 @ 007 per Sq. Ft. \$ 24.00  
Type of Construction 4-B Area of Bldg. @ per Sq. Ft. \$  
Fire District Total Each Bldg. \$  
Date Checked 4-1-1964 By: Approved by Building Inspector: Charles W. Wood  
TOTAL FEE \$ 24.00

ROUTING	OFFICE	Rm. No.	DATE	APPROVAL	REMARKS
<input checked="" type="checkbox"/>	Land Office	112	3-31-64	mt	
<input checked="" type="checkbox"/>	Zoning Administrator	210	3-31-64	mt	
<input checked="" type="checkbox"/>	Health Officer	Rt. 237			Health and Welfare Bldg. on Rt. 237
<input checked="" type="checkbox"/>	Sanitary Engineer	Bsmt	3-31-64	JRC	
<input checked="" type="checkbox"/>	Finance Office	120			
<input checked="" type="checkbox"/>	Building Inspector	203			Return to secure Bldg. Permit

Supervisor of Assessments

Property is listed in name of Howard J. Jones

Magisterial District 22000-1 Deed Book Reference 5370-473

Authorization: John W. Ferguson, Jr.

Subdivision Lincoln Heights Lot No 65 Block Section 1 Zone R-12.5

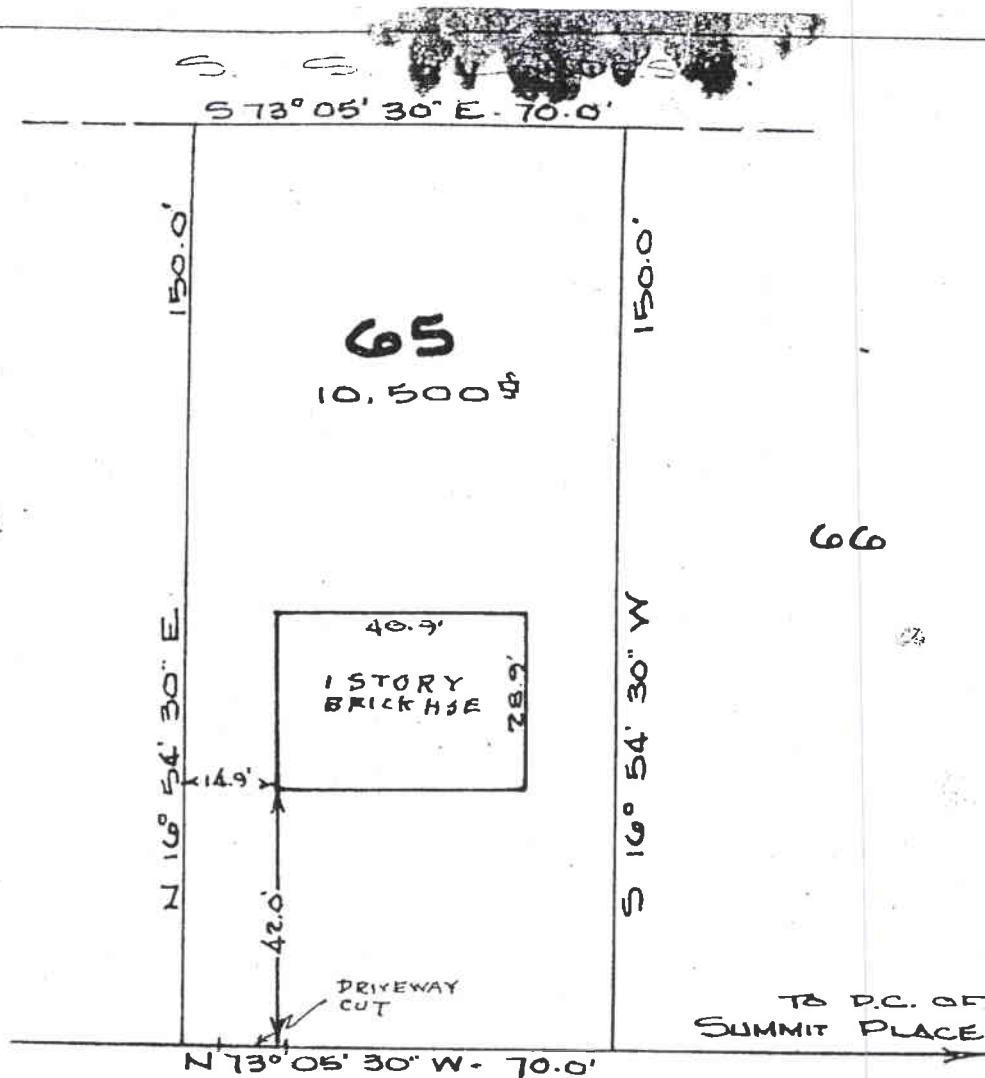
No. Acres or Sq. Ft. Street Address

LOT SIZE: Front Right Side Left Side Rear

Use of Bldg. Dwelling Use after Alteration No. Families one

Set Back: Front 40 Rt. Side 12 Left Side 12 Rear 25 ft Authorization

RETURN THIS COMPLETED APPLICATION TO THE BUILDING INSPECTOR'S OFFICE FOR ISSUANCE OF BUILDING PERMIT.



# HILLCREST ROAD

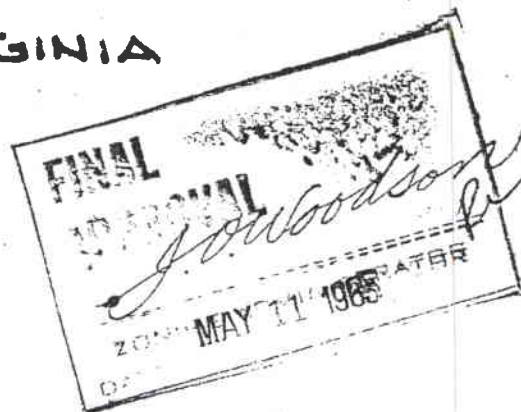
(60.0' WIDE)

HOUSE LOCATION PLAT  
LOT 65, SECTION 1  
**LINCOLNIA HEIGHTS**  
**FAIRFAX COUNTY, VIRGINIA**

SCALE: 1" = 30'

AUG. 8, 1964

FRANK A. CARPENTER  
CERTIFIED LAND SURVEYOR  
*Frank A. Carpenter*  
CERTIFIED CORRECT:



Inspect OK 6/25/73 K 9218

MAP REFERENCE			
Plot Number	Subd. Den.	Blk. or Sec.	Parcel or lot
100	2		

COUNTY OF FAIRFAX, VIRGINIA  
OFFICE OF THE BUILDING INSPECTOR  
Application for Building Permit  
and Certificate of Occupancy

APPLICATION NO.	199276
DATE	1973
PERMIT NO.	

To: BUILD ☐ ALTER OR REPAIR ☐ ADD TO ☐ DEMOLISH ☐ MOVE ☐

JOB LOCATION	Street	6346 HULLCROFT AVE		
	Lot No.	65	Block	Section
OWNER	Subdivision	Hullcroft		
	Corp. Name			
	Name (Reg. Agent)	DR. WMS. H. H. HALL		
	Address	SPRING		
ARCHITECT ENGINEER	City	ALEXANDRIA	Telephone Number	941-2858
	Name			
CONTRACTOR	Address	11335 Lee Highway		
	City	FAIRFAX, VIRGINIA		
	County Reg. #	1531	State Reg. #	
	Name	Lawrence Wells		

DESCRIPTION

For: POOL (16' x 32')

No. of Bldgs. \_\_\_\_\_ Est. Const. Cost \$ 5,000.00

No. of Units \_\_\_\_\_ No. of Stories \_\_\_\_\_

No. of Kitchens \_\_\_\_\_ Penthouse \_\_\_\_\_

No. of Baths \_\_\_\_\_ Ht. of Bldg. \_\_\_\_\_ ft.

No. of Rooms \_\_\_\_\_ Bldg. Area \_\_\_\_\_ sq. ft.

(Exclude Kit. & Bath)

Basement ☐ Slab ☐ Crawl ☐ Soil: Solid ☐ Fill ☐

Ftg. Concrete ☐ Pile ☐ Column ☐

Ext. Walls: Wood ☐ Metal ☐ Brick ☐

Int. Walls: Plaster ☐ Drywall ☐ Panel ☐

Roof: Flat ☐ Pitch ☐ Shed ☐

Roofing: Built-up ☐ Shingle ☐ Roll ☐

Heat: Oil ☐ Gas ☐ Electric ☐

Equipment: Boiler ☐ Furnace ☐ Heat Pump ☐ Air Cond. ☐

Sewage: Public ☐ Community ☐ Septic Tank ☐ None ☐

Water: Public ☐ Individual Well ☐ None ☐

Remarks: NO SEWAGE GENERATOR

NO SEWER TAP INVOLVED

I hereby certify that I have the authority to make this application, that the information given is correct, and that the use and construction shall conform to the County Health Regulations, the Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.

591-5590 6/27/73 J. Richard Bunker  
Phone No. Date Signature of Owner or Auth. Agent

APPLICANT: DO NOT WRITE BELOW THIS LINE

PLAN APPROVAL	Use Group of Building	107	Area of Bldg.	0	per Sq. Ft.	\$
	Type of Construction			0		\$
	Fire District			0		\$
	Date Checked	6-21-73	By	J. R. Bunker	TOTAL FEE	\$ 10.00

	OFFICE	FLOOR	DATE	APPROVED BY		OFFICE	FLOOR	DATE	APPROVED BY
ROUTING	Land Office	4th	6-21-73	J. R. Bunker		Fire Marshal	5 Level		
	Zoning Administrator	6th	6-21-73	J. R. Bunker		Design Review	7th	6-8-73	J. R. Bunker
	Sanitation	8th	6-21-73	J. R. Bunker		Housing & License	8th	6-15-73	J. R. Bunker
	Health Dept.	Annex	6-21-73	J. R. Bunker					

CERTIFICATION

I hereby certify to the following statement:

- All materials used for work performed under this permit will be paid directly to the supplier by the property owner.
- All compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Date \_\_\_\_\_ 19 \_\_\_\_\_ By \_\_\_\_\_

Property Owner Authorized Agent

Supervisor of Assessments

Property is listed in name of \_\_\_\_\_

Magisterial District \_\_\_\_\_ Deed Book Reference 2916-322

Supervisor: \_\_\_\_\_

ZONING

Subdivision \_\_\_\_\_ Lot No. 65 Block \_\_\_\_\_ Section \_\_\_\_\_ Zone KFI

Street Address \_\_\_\_\_

Use of Bldg. \_\_\_\_\_ Use after Alteration \_\_\_\_\_ No. Families \_\_\_\_\_

BZA \_\_\_\_\_ SITE PLAN \_\_\_\_\_

Set Back: Front \_\_\_\_\_ Rt. Side \_\_\_\_\_ Left Side \_\_\_\_\_ Rear \_\_\_\_\_

Zoning Administrator \_\_\_\_\_

Mason - 72-1 (7) 67

6346 Hillcrest place

inspection

OK

6-25-73

M/C

LANDESS

P-99276  
pool

Printed on 11/1/73

Scale & Match As Seen as  
Laid

1. The shaded area will be  
removed by June 1, 1974.

Department of County Development  
Fairfax County, Virginia  
Application Number

I hereby certify that this plot plan  
and structure shown hereon conform  
to the requirements of Section 113.10  
of The Fairfax County, Virginia  
Building Code.

Director of County Development

By His Agent

Date

HILLCREST ROAD  
60' WIDE

PROPOSED POOL LOCATION

LOT 65, SECTION ONE

**LINCOLNIA HEIGHTS**

FAIRFAX COUNTY VIRGINIA

SCALE: 1" = 30'

JUNE 6, 1973

Approved for proposed  
location of building as  
shown. Final approval  
subject to well check.

Date JUN 18 1973

Zoning Administrator



RICHARD H. BARTLETT & ASSOCIATES  
ENGINEERING, SURVEYING & LAND PLANNING  
FAIRFAX, VIRGINIA 22031-6632

NO TITLE REPORT FURNISHED.

# BUILDING PERMIT APPLICATION

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
FAIRFAX COUNTY, VIRGINIA  
PERMIT APPLICATION CENTER  
12055 Government Center Parkway, 2nd Floor  
Fairfax, Virginia 22035-5504  
(703) 222-0801

FILL IN ALL APPROPRIATE INFORMATION IN THIS COLUMN  
(PLEASE PRINT OR TYPE)

## JOB LOCATION:

ADDRESS 6346 HILLCREST PL  
LOT # 15 BUILDING \_\_\_\_\_  
FLOOR \_\_\_\_\_ SUITE \_\_\_\_\_  
SUBDIVISION LINCOLN HEIGHTS  
TENANT'S NAME \_\_\_\_\_

## OWNER INFORMATION: OWNER ☐ TENANT ☐

NAME THOMAS DAN DENNIS  
ADDRESS 6346 HILLCREST PL  
CITY ALFVA STATE VA ZIP \_\_\_\_\_  
TELEPHONE (703) 661-1179

## CONTRACTOR INFORMATION:

CHECK IF SAME AS OWNER ☒

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
LOCAL CONTRACTOR LICENSE # \_\_\_\_\_  
STATE CONTRACTORS LICENSE # \_\_\_\_\_  
COUNTY BUSINESS ACCOUNT # \_\_\_\_\_  
APPLICANT THOMAS DENNIS

## DESCRIPTION OF WORK

2' D x 41' W FRONT PORCH  
OPEN 12' HIGH

## HOUSE TYPE

ESTIMATED COST OF CONSTRUCTION 2000  
BLDG AREA (SQ FT OF FOOTPRINT) 134  
USE GROUP OF BUILDING 503  
TYPE OF CONSTRUCTION \_\_\_\_\_

SEWER SERVICE: PUBLIC ☐ SEPTIC ☐ OTHER ☐

WATER SERVICE: PUBLIC ☐ WELL ☐ OTHER ☐

OTHER PLEASE SPECIFY \_\_\_\_\_

DESIGNATED MECHANICS' LIEN AGENT:  
(Residential Construction Only)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

NONE DESIGNATED: ☐ PHONE: \_\_\_\_\_

## CHARACTERISTICS FOR NEW SFD, TH, APT & CONDOS:

# KITCHENS \_\_\_\_\_ EXTER. WALLS \_\_\_\_\_  
# BATHS \_\_\_\_\_ INTER. WALLS \_\_\_\_\_  
# HALF BATHS \_\_\_\_\_ ROOF MATERIAL \_\_\_\_\_  
# BEDROOMS \_\_\_\_\_ FLOOR MATERIAL \_\_\_\_\_  
# OF ROOMS \_\_\_\_\_ FIN. BASEMENT \_\_\_\_\_ %  
# STORIES \_\_\_\_\_ HEATING FUEL \_\_\_\_\_  
BUILDING HEIGHT 11/2 HEATING SYSTEM \_\_\_\_\_  
BUILDING AREA \_\_\_\_\_ # FIREPLACES \_\_\_\_\_  
BASEMENT \_\_\_\_\_

Any and all information and/or stamps on the reverse side of this form are a part of this application and must be complied with. I hereby certify that I have authority of the owner to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations which relate to the property.

Signature of Owner or Agent Thomas Dennis Date 7.14.98

Printed Name and Title THOMAS DENNIS

PERMIT #

98202 B0360

FOR INSPECTIONS CALL: (703) 222-0455

DO NOT WRITE IN THIS SPACE - COUNTY USE ONLY		
P. AN #	<u>1096-05616</u>	
TAX MAP #	<u>072-1-07-0065</u>	
ROUTING	DATE	APPROVED BY:
ZONING	<u>7-21-98</u>	<u>WJH</u>
SITE PERMITS	<u>7-23-98</u>	<u>WJH</u>
SANITATION		
HEALTH DEPT.		
FIRE MARSHAL		
BUILDING REVIEW	<u>7-29-98</u>	<u>GWK</u>
LICENSING		
ASBESTOS		
FEE	\$ _____	
FILING FEE	\$ <u>50.00</u>	
AMOUNT DUE	\$ <u>50.00</u>	
BUILDING PLAN REVIEW		
REVIEWER	# OF HOURS _____	
REVISION FEES	\$ _____	
FIRE MARSHAL FEES	\$ _____	
FIXTURE UNITS	PLAN LOC. <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	
APPROVED FOR ISSUANCE OF BUILDING PERMIT		
BY	DATE	
<u>THOMAS DENNIS</u>	<u>7/23/98</u>	
ZONING REVIEW:	ZONING CLASS	
<u>SF 01</u>	<u>103/083</u>	
USE	_____	
ZONING CASE #	_____	
GROSS FLOOR AREA OF TENANT SPACE		
YARDS:	GARAGE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
FRONT <u>34.6</u>	OPTIONS: YES <input type="checkbox"/> NO <input type="checkbox"/>	
FRONT _____	REMARKS:	
L SIDE <u>14'</u>	<u>600 sq ft Front Porch</u>	
R SIDE <u>14'</u>	<u>7 X 41 -</u>	
REAR <u>14'</u>	_____	
GRADING AND DRAINAGE REVIEW		
SOILS: # <u>15</u>	A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/>	
HISTORICAL DISTRICT _____		
AREA TO BE DISTURBED (TOTAL SQ FT) <u>600 sq ft</u>		
ADD'L IMPERVIOUS AREA (ADDED SQ FT) <u>245 sq ft</u>		
PROFFERS _____		
PLAN #	APPR. DATE	
_____	_____	

STAMPS:

FF

(See reverse side of application) over

REMARKS: Soil Test was provided by state on 7/22/98  
The yellow & white cones are attached with soil test  
20 pages attached

Signature of Notary Public Thomas Dennis Date 7-19-98  
(Notarization required if owner not present at time of application)

MASON - 12-1 (11) 6/

6346 Hillcrest place

P-99276

POOL

LANDS

FOOTINGS AND PIERS MUST BE PLACED  
ON COMPETENT MATERIAL

Provide Siltation Barrier

Grass & Mulch As Soon as

Graded

As Directed area with

Grass to be planted within 45 days

Department of County Development  
Fairfax County, Virginia  
Application Number

I hereby certify that this plot plan  
and structure shown hereon conform  
to the requirements of Section 113.10  
of The Fairfax County, Virginia  
Building Code.

Director of County Development

By His Agent

Date

PROPOSED POOL LOCATION

LOT 65, SECTION ONE

**LINCOLNIA HEIGHTS**

FAIRFAX COUNTY VIRGINIA

SCALE: 1" = 30'

JUNE 6, 1973

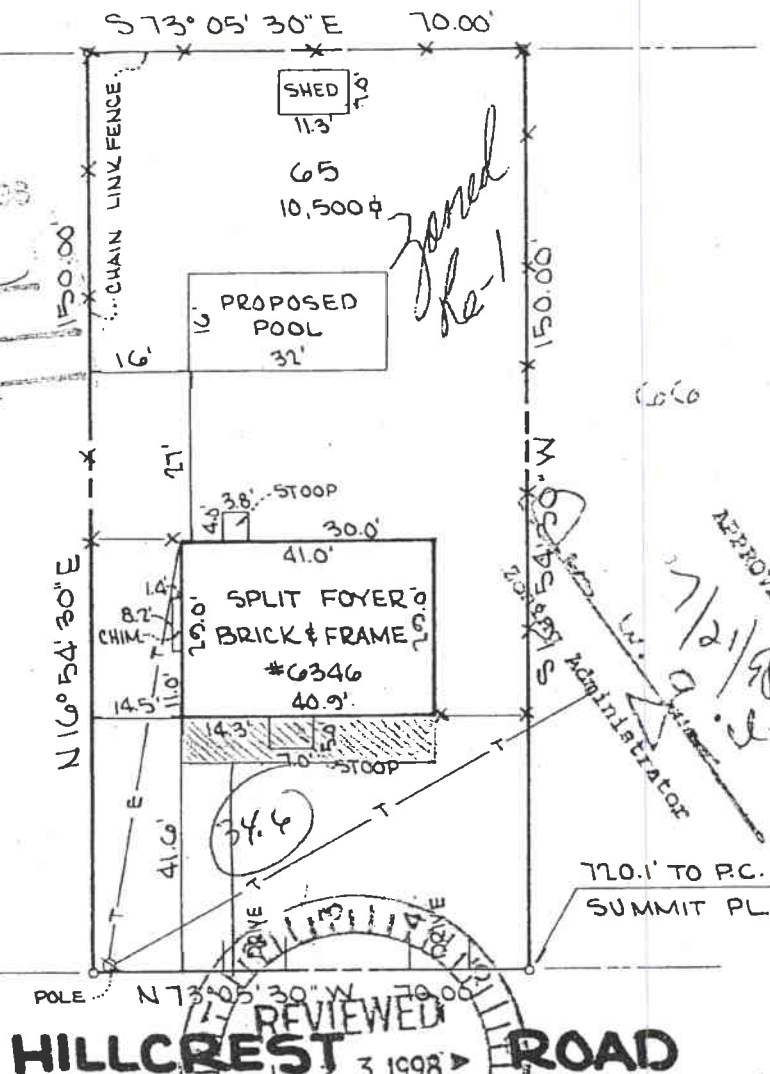
Approved for proposed  
location of building as  
shown. Final approval  
subject to call check.

Date JUN 18 1973

Zoning Administrator

RICHARD H. BARTLETT & ASSOCIATES  
ENGINEERING, SURVEYING & LAND PLANNING  
FAIRFAX, VIRGINIA 223-6632

NO TITLE REPORT FURNISHED.



**BUILDING PERMIT APPLICATION****FAIRFAX COUNTY OFFICE OF BUILDING CODE SERVICES  
PERMIT APPLICATION CENTER**12855 Government Center Parkway, 2nd Floor  
Fairfax, Virginia 22035-5504Telephone: 703-222-0891  
Web site: www.fairfaxcounty.gov/dpw**PERMIT #** 0423830130**FOR INSPECTIONS CALL** 703-222-0455 (see back for more information)FILL IN ALL APPROPRIATE INFORMATION IN THIS COLUMN  
(PLEASE PRINT OR TYPE)**JOB LOCATION**ADDRESS 6246 Hillcrest Place  
LOT # 65 BUILDING \_\_\_\_\_  
FLOOR \_\_\_\_\_ SUITE \_\_\_\_\_  
SUBDIVISION Lincoln Heights  
TENANT'S NAME PHU THI NGUYEN**OWNER INFORMATION**OWNER ☒ TENANT ☐NAME PHU THI NGUYEN  
ADDRESS 6246 Hillcrest Pl.  
CITY Alexandria STATE VA ZIP 22312  
TELEPHONE (703) 941-1879**CONTRACTOR INFORMATION**SAME AS OWNER ☒

CONTRACTORS MUST PROVIDE THE FOLLOWING:

**COMPANY NAME**ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
STATE CONTRACTORS LICENSE # \_\_\_\_\_  
COUNTY BPOL # \_\_\_\_\_**APPLICANT**JOSEPH NGUYEN 703-912-8315**DESCRIPTION OF WORK**Addition front porch, new kitchen  
Add new kitchen and family room  
Remove Existing Kitchen  
Add 2nd floor with 3 bedroomsHOUSE TYPE Single Unit HouseESTIMATED COST OF CONSTRUCTION 155,000.00BLDG AREA (SQ FT OF FOOTPRINT) 1647 S.F.USE GROUP OF BUILDING VB-R-2TYPE OF CONSTRUCTION V 1.5 00SEWER SERVICE PUBLIC ☒ SEPTIC ☐ OTHER ☐WATER SERVICE PUBLIC ☒ WELL ☐ OTHER ☐

OTHER PLEASE SPECIFY \_\_\_\_\_

**DESIGNATED MECHANICS' LIEN AGENT**

(Residential Construction Only)

NAME N/A

ADDRESS \_\_\_\_\_

NONE DESIGNATED ☐ PHONE \_\_\_\_\_**CHARACTERISTICS FOR NEW SFD, TH, APT & CONDOS**# KITCHENS \_\_\_\_\_ EXTER. WALLS \_\_\_\_\_  
# BATHS \_\_\_\_\_ INTER. WALLS \_\_\_\_\_  
# HALF BATHS \_\_\_\_\_ ROOF MATERIAL \_\_\_\_\_  
# BEDROOMS \_\_\_\_\_ FLOOR MATERIAL \_\_\_\_\_  
# OF ROOMS \_\_\_\_\_ FIN. BASEMENT \_\_\_\_\_ %  
# STORIES \_\_\_\_\_ HEATING FUEL \_\_\_\_\_  
BUILDING HEIGHT \_\_\_\_\_ HEATING SYSTEM \_\_\_\_\_  
BUILDING AREA \_\_\_\_\_ # FIREPLACES \_\_\_\_\_  
BASEMENT \_\_\_\_\_

Any and all information and/or stamps on the reverse side of this form are a part of this application and must be complied with. I hereby certify that I have authority of the owner to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations which relate to the property.

Signature of Owner or Agent

Date

PHU THI NGUYEN

Printed Name and Title

(Notarization of signature is required if owner is listed as the contractor and is not present at time of application)

DO NOT WRITE IN GRAY SPACES - COUNTY USE ONLY

PLAN # 12-04-01342TAX MAP # 012-1-107/0065

ROUTING	DATE	APPROVED BY
LICENSING		
ZONING	<u>8/25/04</u>	<u>TEV</u>
SITE PERMITS	<u>8/25/04</u>	<u>TEV</u>
HEALTH DEPT.		
BUILDING REVIEW	<u>10-27-04</u>	<u>DMC/nnh</u>
SANITATION		
FIRE MARSHAL		
ASBESTOS		
PROFFERS		

FEE \$4122.31  
FILING FEE \$ 60  
AMOUNT DUE \$**BUILDING PLAN REVIEW**REVIEWER DMC # OF HOURS \_\_\_\_\_  
REVISION FEES \$ \_\_\_\_\_  
FIRE MARSHAL FEES \$ \_\_\_\_\_  
FIXTURE UNITS \_\_\_\_\_ PLAN LOC. J ☐ R ☐**APPROVED FOR ISSUANCE OF BUILDING PERMIT**BY CH DATE 10-27-4**ZONING REVIEW**USE SFDZONING DISTRICT R3 HISTORICAL DISTRICT \_\_\_\_\_

ZONING CASE # \_\_\_\_\_

GROSS FLOOR AREA OF TENANT SPACE \_\_\_\_\_

YARDS:	GARAGE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
FRONT <u>37</u>	OPTIONS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
FRONT <u>13</u>	REMARKS	+ Build 2-Story		
L SIDE <u>13</u>		Rsm't + 1st Floor) and		
R SIDE <u>14</u>		100- no wellbse no and		
REAR <u>60</u>		Kitchen; 2nd floor and		

**GRADING AND DRAINAGE REVIEW**SOILS # 46 A ☐ B ☒ C ☐AREA TO BE DISTURBED (TOTAL SQ FT THIS PERMIT) 2,500 sq ftIMPERVIOUS AREA (TOTAL SQ FT THIS PERMIT) 506 sq ft

PLAN # \_\_\_\_\_ APPR. DATE \_\_\_\_\_

**STAMPS**DP-WP/FR/2500 EXMIT  
(See reverse side of application)REMARKS \* plat Attachment**NOTARIZATION (if required)**State (or territory or district) of VACounty (or city) of ARLINGTON to wit: THAO TON

Notary Public in the State and County aforesaid, do certify that

PHU THI NGUYEN

whose name is signed to this application, appeared before me in the State and County aforesaid

and executed this affidavit.

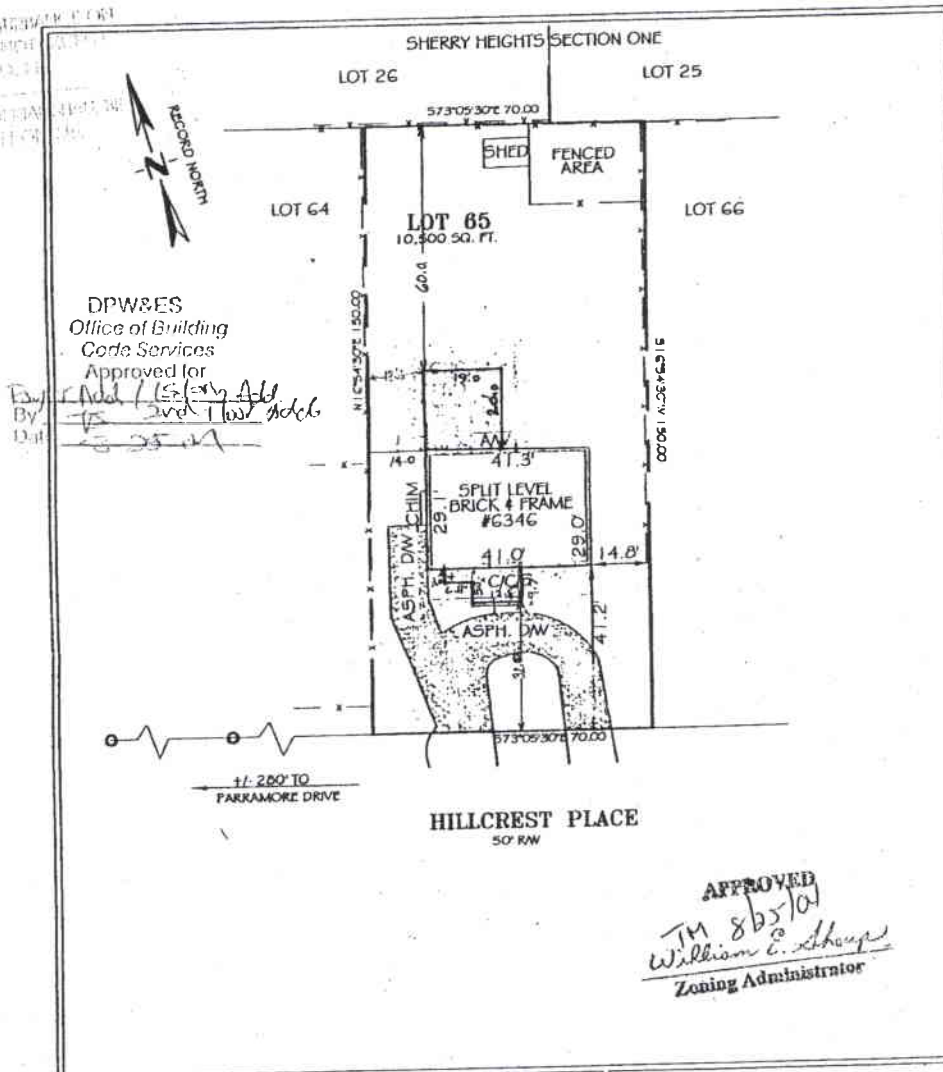
Given under my hand this 11th day of AUG, 2004commission expires the 30th day of APRIL, 2005

(Notary Signature)

DAMP PROOFING/WATERPROOFING  
REQUIRED IN ACCORDANCE WITH  
BUILDING CODES

FOOTINGS AND PIERS MUST BE  
PLACED ON COMPETENT MATERIAL.

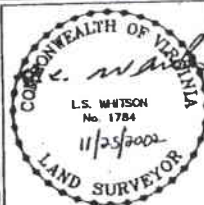
TRIAL EXHIBIT  
DISTRICT COURT  
FALL 2002



APPROVED  
TM 8/25/02  
William E. Whitson  
Zoning Administrator

#### HOUSE LOCATION SURVEY

LOT 65  
LINCOLNIA HEIGHTS  
DEED BOOK 440 PAGE 442  
FAIRFAX COUNTY, VIRGINIA  
DATE: NOVEMBER 25, 2002  
SCALE: 1" = 30'



#### LEGEND

CW = CONC WALK  
SW = STONE WALK  
WL = WOOD LANDING  
BL = BRICK LANDING  
WD = WOOD DECK  
CS = CONC STOOP  
MS = METAL STOOP  
C/C/S = COVERED CONC STOOP  
CP = CONC PATIO  
RE = RECESSED ENTRY  
CHIM = CHIMNEY  
OH = OVERHANG  
BW = BAY WINDOW  
OHW = OVERHEAD WIRE  
AW = AREA WAY  
O = IRON PIPE  
-X- = FENCE

#### NOTES

THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY; IT IS A HOUSE LOCATION SURVEY. ANY MONUMENTS SHOWN ON THIS PLAT WERE RECOVERED IN THE FIELD AND DEEMED SUFFICIENT FOR A HOUSE LOCATION SURVEY. THIS PLAT DOES NOT CERTIFY THAT THE LOCATIONS OF THESE MONUMENTS ARE PRECISELY CORRECT. YOUR LENDER REQUIRED A HOUSE LOCATION SURVEY TO VERIFY THE ORIENTATION OF THE HOUSE, LOCATION OF IMPROVEMENTS, AND TO ENSURE THAT THERE ARE NO IMPROPER ENCUMBRANCES UPON THE PROPERTY. IF THE OWNER DESIRES THE PRECISE LOCATION OF CORNERS TO BE MARKED, THEN A BOUNDARY SURVEY MAY BE REQUESTED FOR AN ADDITIONAL FEE. THE LOCATION OF FENCES, DRIVEWAYS, AND OTHER IMPROVEMENTS ARE APPROXIMATE. THIS PLAT DOES NOT DETERMINE THE OWNERSHIP OF FENCES. THIS PLAT IS NOT TO BE USED FOR THE CONSTRUCTION OF FENCES OR ANY OTHER IMPROVEMENTS. THIS PLAT WAS ESTABLISHED BY TRANSIT AND TAPE. NO TIME REPORT WAS FURNISHED.

SAM WHITSON, L.S./LAND SURVEYING  
11170 LEE HIGHWAY SUITE C  
FAIRFAX, VIRGINIA 22030  
(703)352-9516 FAX: (703)352-9516

OWNER: NGUYEN

BUYER: LE

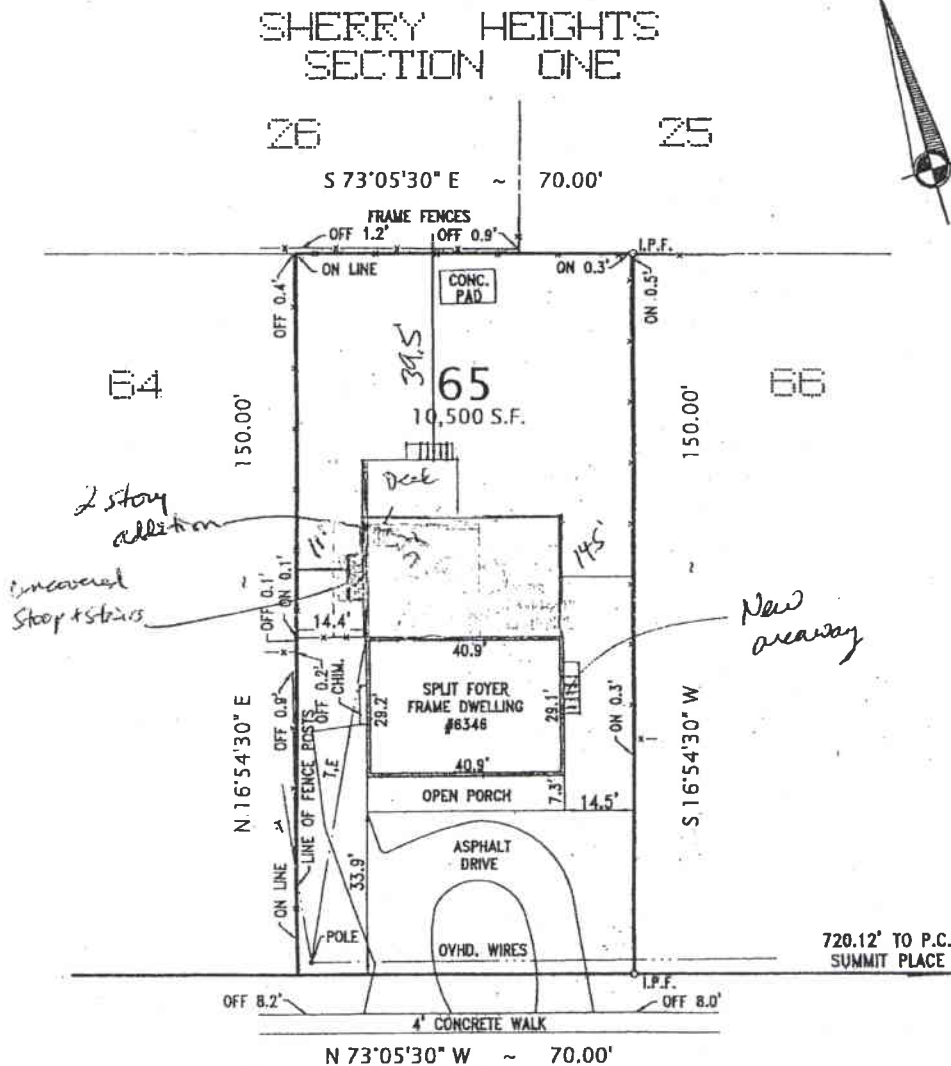
W.O. #02-8448

CLIENT #02-11028

121780226

COPYRIGHT BY ALEXANDRIA SURVEYS INTERNATIONAL, LLC THE INFORMATION CONTAINED ON THIS DOCUMENT MAY NOT BE COPIED, REPRODUCED OR ALTERED IN ANY FORM WITHOUT PERMISSION IN WRITING FROM THE COPYRIGHT OWNER.

NOTES: FENCES ARE CHAIN LINK UNLESS NOTED.



**HILLCREST PLACE**

60' R/W

PLAT

SHOWING HOUSE LOCATION ON  
LOT 65

**LINCOLNIA HEIGHTS**

FAIRFAX COUNTY, VIRGINIA

SCALE: 1" = 30'

JULY 1, 2008

CASE NAME:

WELLS FARGO BANK ~ SUAZNABAR

GRAPHIC SCALE



BY PROVISIONS OF THE VIRGINIA CODE: NO CORNER MARKERS SET, BOUNDARY SURVEY NOT PERFORMED.  
PLAT SUBJECT TO RESTRICTIONS OF RECORD, TITLE REPORT NOT FURNISHED.

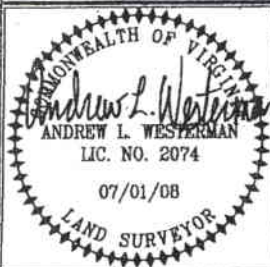
I HEREBY CERTIFY THAT THE POSITIONS OF  
ALL THE EXISTING IMPROVEMENTS HAVE BEEN  
CAREFULLY ESTABLISHED BY A CURRENT FIELD  
SURVEY, AND UNLESS OTHERWISE SHOWN,  
THERE ARE NO VISIBLE ENCROACHMENTS.

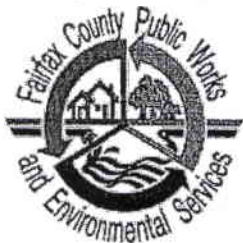
REQUESTED BY:

REALTY OF TYSONS, INC.

**ALEXANDRIA SURVEYS  
INTERNATIONAL, LLC**

6210 NORTH KINGS HIGHWAY, ALEXANDRIA, VIRGINIA 22303  
TEL. NO. 703-660-6615 FAX NO. 703-768-7764





Fairfax County, Virginia

# BUILDING PERMIT

## PLUMBING/GAS RESIDENTIAL

Permit Number: 142580181

Parent Permit: 142580177

Issued Date: 09/16/2014

Tax Map ID: 072-1 / 07 / / 0065

Job Address: 6346 Hillcrest Pl  
Alexandria, VA 22312-1234

Plan No.: N/A

Contractor:  
OWNER IS CONTRACTOR

Owner/Tenant:

SUAZNABAR MARIA  
6346 Hillcrest Pl  
Alexandria, Va 22312  
(703)474-6467

Structure: SINGLE FAMILY DWELLING

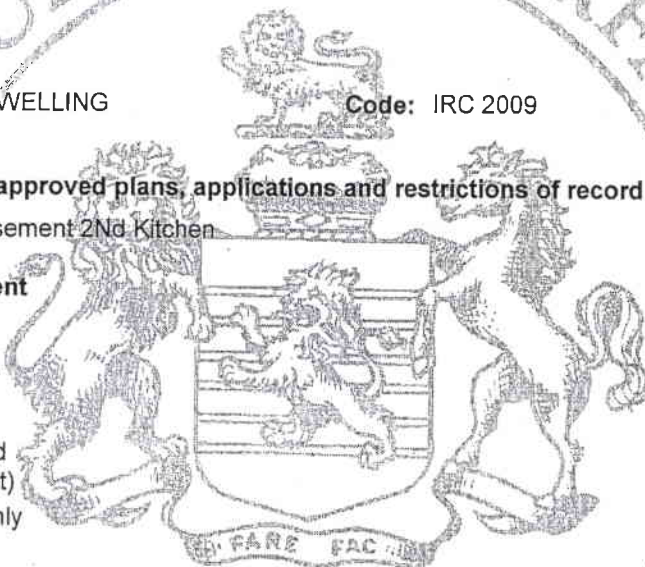
Code: IRC 2009

Has permission, according to approved plans, applications and restrictions of record to:

Install Plumbing Fixtures For Basement 2Nd Kitchen

### Residential Plumbing Equipment

Quantity	Description
1	Bath Tub/Whirlpool
1	Shower
1	Sink-Kitchen/Bar
1	Sink-Lav/Bath/Hand
1	Water Closet (Toilet)
1	Plumbing Piping Only



BUILDING OFFICIAL

- A copy of this building permit must be posted at the construction site for the duration of the permit.
- This permit does not constitute approval from your homeowners' association and its related covenants.
- This permit will expire if work does not commence in six months or if work is suspended for six months.
- The permit holder is responsible for contacting the county when stages of construction are reached that require inspections. To schedule inspections call our inspections office at **703-631-5101**, TTY 711 during business hours or our automated inspection system at **703-222-2474**. Inspections may also be scheduled online at [www.fairfaxcounty.gov/fido](http://www.fairfaxcounty.gov/fido).
- For questions regarding this permit call the Permit Application Center at **703-222-0801**, TTY 711.
- Call Miss Utility before you dig at **811**.



Fairfax County, Virginia

# BUILDING PERMIT

## ELECTRIC RESIDENTIAL

Permit Number: 142580180

Parent Permit: 142580177

Job Address: 6346 Hillcrest Pl  
Alexandria, VA 22312-1234

**Owner/Tenant:**

SUAZNABAR MARIA  
6346 Hillcrest Pl  
Alexandria, Va 22312

Issued Date:

09/16/2014

Tax Map ID:

072-1 / 07 / / 0065

**Contractor:**

OWNER IS CONTRACTOR

**Structure:** SINGLE FAMILY DWELLING

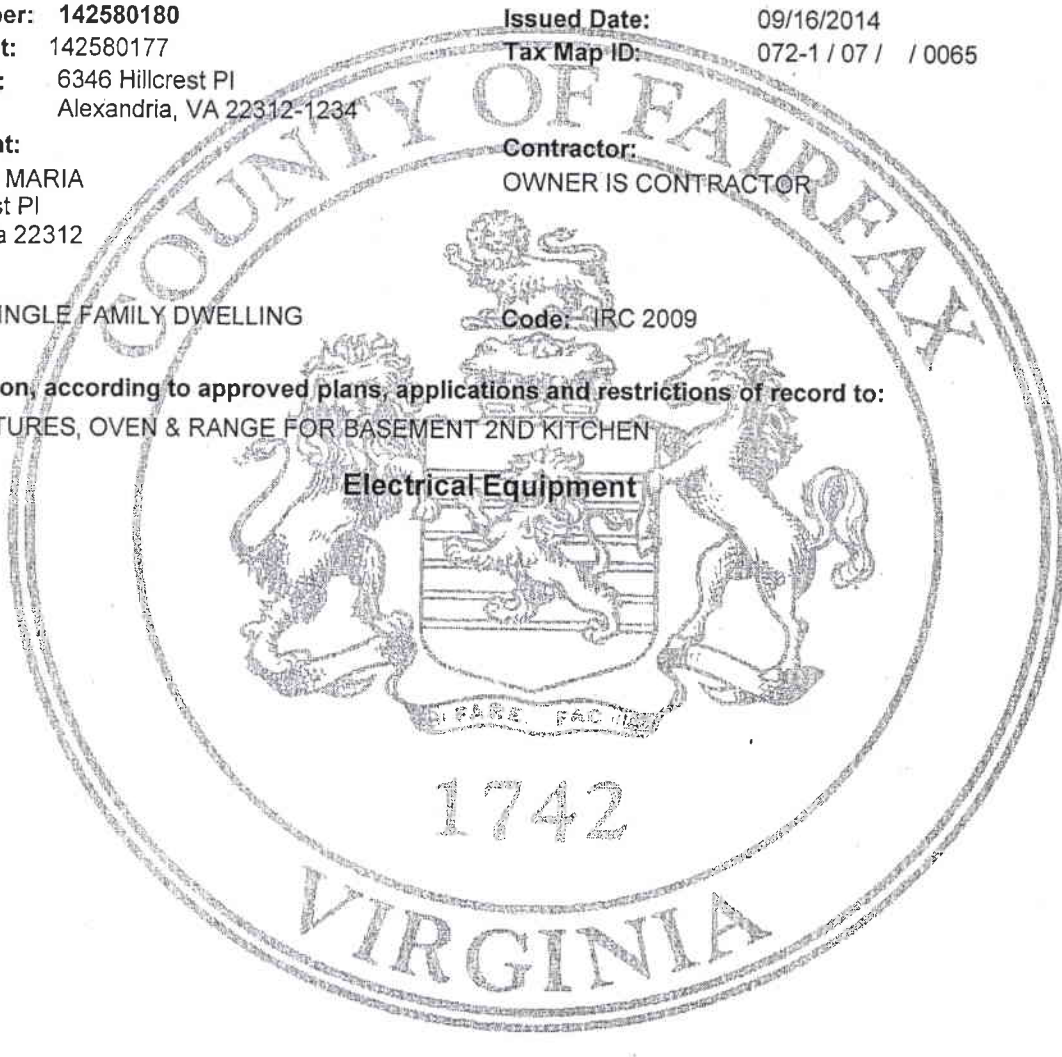
**Code:** IRC 2009

Has permission, according to approved plans, applications and restrictions of record to:

INSTALL FIXTURES, OVEN & RANGE FOR BASEMENT 2ND KITCHEN

### Electrical Equipment

- 15 Fixtures
- 1 Oven
- 1 Range



**BUILDING OFFICIAL**

- A copy of this building permit must be posted at the construction site for the duration of the permit.
- This permit does not constitute approval from your homeowners' association and its related covenants.
- This permit will expire if work does not commence in six months or if work is suspended for six months.
- The permit holder is responsible for contacting the county when stages of construction are reached that require inspections. To schedule inspections call our inspections office at **703-631-5101, TTY 711** during business hours or our automated inspection system at **703-222-2474**. Inspections may also be scheduled online at [www.fairfaxcounty.gov/fido](http://www.fairfaxcounty.gov/fido).
- For questions regarding this permit call the Permit Application Center at **703-222-0801, TTY 711**.
- Call Miss Utility before you dig at **811**.



Fairfax County, Virginia

# BUILDING PERMIT

## INTERIOR ALT. RESIDENTIAL

Permit Number: 142580177

Issued Date: 09/16/2014

Tax Map ID: 072-1 / 07 / / 0065

Job Address: 6346 Hillcrest Pl  
Alexandria, VA 22312-1234

Plan No.: W-14-4685

Owner/Tenant:

SUAZNABAR MARIA  
6346 Hillcrest Pl  
Alexandria, Va 22312

Contractor:

OWNER IS CONTRACTOR

Mechanic's Lien Agent: None Designated

Structure: SINGLE FAMILY DWELLING

Code: IRC 2009

Group: R5

Type of Construction: VB

Has permission, according to approved plans, applications and restrictions of record to:

INTERIOR REMODEL TO ADD 2ND KITCHEN & BATHROOM IN BASEMENT - EVERYTHING IS PRE-EXISTING

Includes Second Kitchen per approved plans. Not approved for Bedroom or Wetbar.

### Zoning Review and Approval Conditions

Second Kitchen Letter on file: Zoning Review and approval of the construction of a second kitchen does not constitute approval of the establishment of an apartment or second dwelling unit within the primary dwelling. Establishment of a dwelling unit within the primary dwelling is a violation of the Fairfax County Zoning Ordinance, Section 2-5

1742

VIRGINIA

BUILDING OFFICIAL

- A copy of this building permit must be posted at the construction site for the duration of the permit.
- This permit does not constitute approval from your homeowners' association and its related covenants.
- This permit will expire if work does not commence in six months or if work is suspended for six months.
- The permit holder is responsible for contacting the county when stages of construction are reached that require inspections. To schedule inspections call our inspections office at **703-631-5101, TTY 711** during business hours or our automated inspection system at **703-222-2474**. Inspections may also be scheduled online at [www.fairfaxcounty.gov/fido](http://www.fairfaxcounty.gov/fido).
- For questions regarding this permit call the Permit Application Center at **703-222-0801, TTY 711**.
- Call Miss Utility before you dig at **811**.

Virginia.gov Agencies | Governor Search Virginia.gov

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES**

HOME ABOUT US ABUSE & NEGLECT ADOPTION & FOSTER CARE ADULT & CHILD CARE ASSISTANCE COMMUNITY SUPPORT CHILD SUPPORT CAREERS

Adult & Child Care ↑ Search for Child Day Care  
 Child Care ↑  
 Child Day Care ↑ [Return to Search Results](#) | [New Search](#) |  
 Search for Child Day Care → Karina Suaznabar  
 6346 Hillcrest Pl.  
 ALEXANDRIA, VA 22312  
 (703) 750-0608  
 Certified Preschools (CP) →  
 Child Day Centers (CDC) →  
 Family Day Homes (FDH) → Facility Type: [Family Day Home](#)  
 License Type: [One Year](#)  
 Expiration Date: April 8, 2015  
 Family Day System (FDS)/Homes → Business Hours: 7:00am - 6:00pm  
 Monday - Friday  
 Religiously Exempt Child Day Centers (REDC) → Capacity: 12  
 Ages: 2 months - 12 years 11 months  
 Voluntarily Registered Family Day Homes (VRFDH) → Inspector: Colleen Bray  
 (703) 359-6704

**CPR, AED, and Basic First Aid Certification Card**  
 NAYLA L. SUAZNABAR  
 042014 042016  
 703-568-4656  
 American Red Cross

**ASHA Approved Certification Card**  
 VICENTE CHAVEZ  
 51724  
 042014 042016  
 703-568-4656  
 Bona Health Services, Ltd.

**FAMILY DAY HOME LICENSE**

Issued to: Karina I. Suaznabar, d.b.a. Melody Day Care  
 Address: 6346 Hillcrest Place, Alexandria, Virginia 22312

This license is issued in accordance with provisions of Chapters 1, 17 and 18, Title 63.2, Code of Virginia and other relevant laws, the regulations of the State Board of Social Services and the specific limitations prescribed by the Commissioner of Social Services as follows:

<b>CAPACITY</b>	
12	
<b>GENDES</b>	<b>AGE</b>
Both	2 months through 12 years

This license is not transferable and will be in effect April 9, 2014 through April 8, 2015 unless revoked for violations of law or failure to comply with the limitations stated above.

**ISSUING OFFICE:**  
 Virginia Department of Social Services  
 Division of Licensing / Fairfax Licensing Office  
 2781 Powers Drive, Suite 125  
 Fairfax, VA 22030  
 Telephone: (703) 934-1008

**MARGARET ROSS SCHULTZE**  
 COMMISSIONER OF SOCIAL SERVICES

By: *James J. Parcell*  
 Title: LICENSING ADMINISTRATOR  
 Date: April 15, 2014

This recognizes that  
 Laura Siles-Suaznabar  
 has completed the requirements for  
 Child CPR  
 conducted by  
 American Red Cross of the National Capital Area

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# County of Fairfax, Virginia

APPENDIX 6

## MEMORANDUM

Date: August 18, 2016

To: Mary Ann Tsai  
Zoning Evaluation Division  
Fairfax County Department of Planning and Zoning

From: Dawn Curry  
Senior Zoning Inspector  
Zoning Inspection Branch

Subject: Home Child Care Inspection

Applicant: Karina Suaznabar – Melody Daycare  
6346 Hillcrest Place, Alexandria, Virginia 22312  
Lincolnia Heights, LT 65 Tax Map# 72-1 ((07 0065  
Zoning District: R-3(Residential 3 DU/AC) Magisterial District: Mason  
Mail Log # 2014-0339  
Date of Inspection: August 15, 2014

*KEY: A "✓" mark in a box indicates that the item was deficient. An unmarked box indicates that no violation was found.*

✓ Rooms used for sleeping must provide two means of exit, one which leads directly to the outside, as required by the Virginia Uniform Statewide Building Code. (32-12-30.)

*Egress window sill exceeds the minimum height of 44"*

☐ An operable smoke alarm shall be provided outside of each sleeping area, with at least one such device on each floor.

☐ All exit stairs, interior or exterior, shall be in good repair and shall be provided with handrails and guard rails as required by the Virginia Uniform Statewide Building Code.

- ☐ All egress pathway and exit doors shall be unlocked in the direction of egress and free from obstructions that would prevent their use, including debris, storage, and accumulations of snow and ice.
- ☐ Electrical hazards identified shall be abated in accordance with the Virginia Uniform Statewide Building Code.
- ☐ Extension cords, temporary wiring, and flexible cords shall not be substituted for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings, or floors, or under doors or floor coverings, or be subject to environmental or physical damage.
- ☐ A working space of not less than 30 inches in width, 36 inches in depth, and 78 inches in height shall be provided in front of the electrical service equipment. Where the electrical service equipment is wider than 30 inches, the working space shall not be less than the width of the equipment. No storage of any materials shall be located within the designated working space.
- ☐ Structures comply with the Zoning Ordinance.

## **ZONING ORDINANCE PROVISIONS**

### **8-006 General Standards**

In addition to the specific standards set forth hereinafter with regard to particular special permit uses, all special permit uses shall satisfy the following general standards:

1. The proposed use at the specified location shall be in harmony with the adopted comprehensive plan.
2. The proposed use shall be in harmony with the general purpose and intent of the applicable zoning district regulations.
3. The proposed use shall be such that it will be harmonious with and will not adversely affect the use or development of neighboring properties in accordance with the applicable zoning district regulations and the adopted comprehensive plan. The location, size and height of buildings, structures, walls and fences, and the nature and extent of screening, buffering and landscaping shall be such that the use will not hinder or discourage the appropriate development and use of adjacent or nearby land and/or buildings or impair the value thereof.
4. The proposed use shall be such that pedestrian and vehicular traffic associated with such use will not be hazardous or conflict with the existing and anticipated traffic in the neighborhood.
5. In addition to the standards which may be set forth in this Article for a particular group or use, the BZA shall require landscaping and screening in accordance with the provisions of Article 13.
6. Open space shall be provided in an amount equivalent to that specified for the zoning district in which the proposed use is located.
7. Adequate utility, drainage, parking, loading and other necessary facilities to serve the proposed use shall be provided. Parking and loading requirements shall be in accordance with the provisions of Article 11.
8. Signs shall be regulated by the provisions of Article 12; however, the BZA, under the authority presented in Sect. 007 below, may impose more strict requirements for a given use than those set forth in this Ordinance.

### **8-303 Standards for all Group 3 Uses**

In addition to the general standards set forth in Sect. 006 above, all Group 3 special permit uses shall satisfy the following standards:

1. Except as may be qualified in the following Sections, all uses shall comply with the lot size and bulk regulations of the zoning district in which located; however, subject to the provisions of Sect. 9-607, the maximum building height for a Group 3 use may be increased.
2. All uses shall comply with the performance standards specified for the zoning district in which located.

3. Before establishment, all uses, including modifications or alterations to existing uses, except home child care facilities, shall be subject to the provisions of Article 17, Site Plans.

### **8-305 Additional Standards for Home Child Care Facilities**

1. The number of children that may be cared for in a home child care facility may exceed the number of children permitted under Par. 6A of Sect. 10-103, but in no event shall the maximum number of children permitted at any one time exceed twelve (12), excluding the provider's own children. The BZA may also allow more than one nonresident person to be involved with the use. Except as described above, home child care facilities shall also be subject to the use limitations of Par. 6 of Sect. 10-103.
2. The BZA shall review access to the site and all existing and/or proposed parking, including but not limited to the availability of on-street parking and/or alternative drop off and pick up areas located in proximity to the use, to determine if such parking is sufficient. The BZA may require the provision of additional off-street parking spaces based on the maximum number of vehicles expected to be on site at any one time and such parking shall be in addition to the requirement for the dwelling unit.
3. The provisions of Article 13 shall not apply to home child care facilities, however, the BZA may require the provision of landscaping and screening based on the specifics of each application.
4. Notwithstanding Par. 2 of Sect. 011 above, all applications shall be accompanied by ten (10) copies of a plan drawn to scale. The plan, which may be prepared by the applicant, shall contain the following information:
  - A. The dimensions, boundary lines and area of the lot or parcel.
  - B. The location, dimensions and height of any building, structure or addition, whether existing or proposed.
  - C. The distance from all property lines to the existing or proposed building, structure or addition, shown to the nearest foot.
  - D. The dimensions and size of all outdoor recreation space and the location of such space in relation to all lot lines.
5. All such uses shall be subject to the regulations of Chapter 30 of The Code or Title 63.2, Chapter 17 of the Code of Virginia.

### **10-103 Use Limitations**

6. The following use limitations shall apply to home child care facilities:
  - A. The maximum number of children permitted at any one time shall be as follows:
    - (1) Seven (7) when such facility is located in a single family detached dwelling.
    - (2) Five (5) when such facility is located in a single family attached, multiple family or mobile home dwelling.

The maximum number of children specified above shall not include the provider's own children.

- B. A home child care facility shall be operated by the licensed or permitted home child care provider within the dwelling that is the primary residence of such provider, and except for emergency situations, such provider shall be on the premises while the home child care facility is in operation. Notwithstanding the above, a substitute care provider may operate a home child care facility in the absence of the provider for a maximum of 240 hours per calendar year.
- C. There shall be no exterior evidence, including signs, that the property is used in any way other than as a dwelling, except that play equipment and other accessory uses and structures permitted by this Part shall be allowed.
- D. In addition to the persons who use the dwelling as their primary residence, one (1) nonresident person, whether paid or not for their services, may be involved in the home child care use on the property, provided that there is only one (1) such person on the property at any one time and the hours of such attendance shall be limited to 7:00 AM to 6:00 PM, Monday through Friday.
- E. Notwithstanding the provisions of Par. B above, a child care provider may care for the maximum number of children permitted in Par. A above in a dwelling other than the provider's own, as long as the dwelling is the primary residence of at least one of the children being cared for by the provider. Such child care provider shall comprise the one nonresident person allowed under Par. D above.
- F. All such uses shall be subject to the regulations of Chapter 30 of The Code or Title 63.2, Chapter 17 of the Code of Virginia.
- G. An increase in the number of children permitted under Par. A above or the involvement of more than one nonresident person as permitted under Par. D above may be permitted in accordance with the provisions of Part 3 of Article 8.